



Muscarelle Museum of Art Faculty Recommendation Form

Applicant Information

Applicant: Please complete this section before submitting to your reference.

Name: _____

Email: _____ Phone: _____

Internship(s) for which you are applying: _____

Application deadline: _____

Faculty Reference Information

Name: _____

Title: _____

Email: _____ Phone: _____

How long, and in what capacity, have you known the applicant?

Please check the box below that best corresponds to your assessment of the applicant's abilities in the following areas.

	Poor	Fair	Good	Very Good	Excellent	Not Sure
Communicates well verbally and in writing						
Is adaptable/flexible						
Demonstrates a positive attitude						
Is dependable and conscientious						
Works well with others and independently						
Is open and personable						

What is your opinion of the applicant's ability to be a successful intern at the Muscarelle Museum of Art? _____

What is your overall evaluation of the applicant?

Highly recommend Recommend Recommend with reservations Do not recommend

Signature: _____ Date: _____

Please return this completed reference to:

Muscarelle Museum of Art | ATTN: L. Greene | P.O. Box 8795 | Williamsburg, VA 23185 | lsgreene01@wm.edu