



UC Berkeley Washington Program Recommendation Form

Applicant's Student ID Number: Applying for:

Applicant's Name (First, Last):

Local Phone: Email:

I, the applicant, waive my right to see this letter of recommendation: Yes No

Recommender:

Salutation First name Family name

Title

Dept_Org

Address

City State Zip

Phone Fax

Email

Dear Recommender:

Students in the UCB Washington Program design and complete a 4-unit research project during their semester in DC. They present their findings in a paper of approximately 20-25 pages. Participants also work 24-32 hours per week in professional internships related to their research. Please give your assessment of the applicant's readiness to benefit from the academic work, field placement, and other opportunities in Washington, DC. In your evaluation, please address the student's overall maturity and self-presentation, and his or her ability to write clearly and effectively, think analytically, and work in teams. Please let us know what talents you believe the applicant will bring to an internship, and why s/he will be a good representative of UC Berkeley in Washington, DC.

Some internship sites ask prospective interns to provide letters of recommendation. If you agree that we may forward your letter (confidentially) to prospective intern supervisors, please initial here: _____

Thank you very much for your time and effort on this student's behalf.

Please send an electronic (scanned) copy of your letter of recommendation on official letterhead along with this Recommendation Form to both ucdc@berkeley.edu and ucwash@berkeley.edu.

Address the letter "To Whom It May Concern:" Please write "recommendation for" and the student's name in the subject line.

Thank you!

Marcia Condon, Program Coordinator (510) 642-9102

The deadline to apply for Fall 2017 is Thursday, February 23, 2017.

Student signature: _____ Date: _____