

Waiver Form

To the applicant: Please complete the following:

Name: _____ **Date of Graduation:** _____
(Last, First, Middle or Maiden Name)

The applicant should sign and date one of the following statements:

- 1) I wish to have access to this letter and I understand that under the Family Education Rights to Privacy Act of 1974, 20 U.S.C. 1232 g (a) (1), I have the right to read this recommendation.

Applicant's Signature: _____ **Date:** _____

- 2) I wish this letter to be confidential and I hereby waive any and all access rights granted me by the above laws to this recommendation.

Applicant's Signature: _____ **Date:** _____

Education Institute Intern Faculty Recommendation Form

Instructions for College Faculty

The student identified below is applying for an internship experience in a department/center of the Education Institute at the Cleveland Clinic. Your recommendation is required to complete the application. The Education Institute oversees many of the world-class training programs offered to physicians, nurses, medical students, residents and fellows, allied health professionals and outside healthcare executives. Educational internship opportunities exist in finance, web design, curriculum development and assessment, medical photography, medical illustration, project management, etc. We welcome your assessment of the student to ensure their educational level appropriately aligns with the internship opportunity.

Student Name:

Expected Date
of Graduation:

Internship Application Code:

Please rate the Applicant in the following categories using the Likert scale below:

	5 Excellent	4	3 Neutral	2	1 Poor	UA (Unable to Answer)
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Innovation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compassion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative/Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willing to Help Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	5 Highly	4	3 Neutral	2	1 Not	UA (Unable to Answer)
Your Overall Recommendation of the Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Relationship to the Applicant (e.g. program director, faculty, adjunct faculty, instructor, academic advisor, etc.):

How long have you known the Applicant?

Additional Information: Indicate Applicant's strengths and areas that require further development.

Strengths:

Areas Requiring Further Development:

Your Name/Title: _____
Place of Employment: _____
Phone Number: _____ Email Address: _____
Signature: _____ Date: _____

Return Completed Waiver and Recommendation Forms directly to:

Cleveland Clinic
Education Institute
College/University Internship Program
9500 Euclid Ave. / NA22
Cleveland, OH 44195
Email: EIinternships@ccf.org

Thank you for your assessment.