Reference Form
College Internship Program
REFERENCE FORM

APPLICANT INFORMATION

FIRST NAME: ______________________________________________

MIDDLE NAME: ____________________________________________

LAST NAME: _______________________________________________

APPLICANT’S EMAIL: ________________________________________

APPLYING FOR ADMISSION TO:
☐ Berkshire, MA ☐ Brevard, FL ☐ Bloomington, IN ☐ Berkeley, CA ☐ Long Beach, CA ☐ Amherst, NY

EVALUATOR INFORMATION

An application for admission to CIP requires evaluations from two people capable of judging the career and academic promise of the applicant. Please submit this form as soon as possible.

EVALUATOR’S NAME: ______________________________________________________________________

TITLE: __________________________________________________________________________________

ADDRESS: ______________________________________ CITY: _____________________ STATE: _____

ZIP: ______________ COUNTRY: _______________________

SCHOOL OR COMPANY: _____________________________________________________________________

PHONE NUMBER: ____________________________ EMAIL: ______________________________________

IN WHAT CAPACITY DO YOU KNOW THE APPLICANT?

HOW LONG HAVE YOU KNOWN THE APPLICANT?

HOW DOES THIS APPLICANT COMPARE WITH HIS OR HER PEER GROUP IN ABILITY?
PERSONAL EVALUATION OF THE APPLICANT

What particularly qualifies this student for study at CIP? Information about accomplishments will be particularly helpful. If you have any reason to believe that the applicant should not be considered, please explain.

EVALUATORS: Please feel free to add information about your own educational and professional background if you feel that such information will enhance our understanding of your evaluation.

PERSONAL CHARACTERISTICS

I am comparing this student to peers of similar age that are also:

- On the Autism Spectrum/Learning Disabled/Special Education
- Mainstream/Neurotypical Students
- Other (please specify): ________________________________

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<th></th>
<th>Excellent</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>No Basis for Judgment</th>
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<td>Adaptability</td>
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<td>Concern for others</td>
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<td>Emotional maturity</td>
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<td>Respect accorded to faculty</td>
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<td>Respect accorded to peers</td>
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<td>Self confidence</td>
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<td>Sense of humor</td>
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<td>Creativity</td>
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ACKNOWLEDGEMENT (Please read carefully)

I AFFIRM THE ACCURACY OF ALL STATEMENTS ON THIS FORM. (Sign below)

SIGNATURE______________________________ DATE ________________

Completed forms can be scanned and sent to: admissions@cipworldwide.org or mailed to: National Admissions, C/O College Internship Program, 199 South Street, Pittsfield MA 01201