

ACADEMIC INTERN REFERENCE

Date:	
You have been given as a reference for	
has applied to be an Academic Intern at Texas Health Presbyterian Hospital of Dallas. Please answer the following questions and return the form to the applicant as soon as possible. Thank you for your help.	
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Sincerely,	
THD Volunteer Services (214) 345-7582	
**************	***********
How long have you known this applicant?	
In what capacity?	
What qualities does this applicant possess that will make him or her a good Academic	
Intern?	
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Please list five adjectives that best describe the candidate.	
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In your opinion, how will the candidate adapt to a	professional setting?
How would you describe the candidate's profession	onal communication skills?
Signature	Date
Drinted Name	Contact Number
Printed Name	Contact Number