



Faculty Recommendation Form

A recommendation from a faculty member in your major is required as a part of the Cooperative Education application. This faculty recommendation **may** be shared with prospective employers.

STUDENT COMPLETES THIS SECTION: FR SOPH JR SR GRAD					
Student ID #	___ - ___ - ___	Name	_____	Major	_____
Concentration/Program	_____		Email	_____	
Phone	_____		Cell	_____	
Signature	_____		Date	_____	

FACULTY MEMBER COMPLETES THIS SECTION

Cooperative Education is a degree enhancing program designed to allow students to integrate classroom study with supervised, paid, full- or part-time practical and professional work experiences in their field. The program requires faculty participation and this faculty support is one of the keys to developing a strong Cooperative Education Program.

Faculty Member	Dept.	Campus Extension
Email Address		x8

Are you willing to recommend this student to employers as a Co-op employee?

Yes No If no, please state why: _____

Please comment on the following areas, being as specific as possible:

Quality of student's academic work:

Student's verbal and written communication skills:

Student's ability to get along with others:

Any additional comments:

Faculty Signature: _____	Date: _____
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**Please return this form to the student or send to the Co-Op Office at the Career Center,
 Campus Zip 6064 or Lassen 2000.
 For questions or more information: Please call 8-6231.**