



Faculty Recommendation Form

STUDENT COMPLETES THIS SECTION:	☐ Junior ☐ Ser	nior 🗌 Grad Student Stud	ent ID #
Name	Concentration/Prog	gram Em	ail
Phone	Cell		
Signature		Date _	
FACULTY MEMBER COMPLETES THIS Internships and Cooperative Education are de supervised, paid, full or part-time practical a participation and this faculty support is one o	egree enhancing progra and professional work e	experience in their field. The prog	ram requires faculty
Faculty Member		Dept.	Campus Extension 8 -
Email Address			
e you willing to recommend this student to employers as either an Internship or Co-Op employee? Yes No If no, please state why: ease comment on the following areas, being as specific as possible: uality of student's academic work: udent's verbal and written communication skills: udent's ability to get along with others:			
Any additional comments:			
Faculty Signature:		Date:	

Please return this form to the Office of Student Engagement <u>via email</u>: cob-ugrad@csus.edu

For questions or more information, email cob-ugrad@csus.edu

Undergraduate Student Eligibility/Qualifications

In order to participate in the Internship/Cooperative Education Program, students must meet ALL of the following requirements PRIOR to enrolling in the program.

Undergraduate [Bachelor's] students:

0	Major	Must be declared Business Administration major [Pre-Business does not qualify]		
0	GPA	Undergrads must have a minimum GPA of 2.5 MIS and ACCY students must have a minimum GPA of 2.75		
0	Class standing	Be at least a second semester junior		
0	Completion of Units	Must have completed 75 units with at least 15 upper-division units in the COB prior to entering the Internship/Co-Op Program. These courses must have a course number of 100 or higher. Notes: MIS students must have completed MIS 160 for Internship ACCY students must have completed ACCY 111 for Internship		
0	WPJ	Must have completed the WPJ prior to enrolling in an Internship or Co-Op		