

## 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.

To Be Completed By Student		
NameMajor		
Dates Attended ASU Email or Phone Signature* Date		
Signature"	Do	те
*By signing this form, you are giving the f office in turn will share this with compani		SU's Cooperative Education Office; the Co-op position.
•	gree enhancing program de th professional work exper	signed to encourage students to ences in their field. The program veloping a strong Cooperative
Education program.		
Faculty Name	Dept	Campus ext
Email address		
Please rate the student on ch unable to assess any item.		Course #: Semester/ Year  ale of 1 - 5. Use NA if you are  ge 4 - Superior 5 - Exceptional
Ability to Learn _	Ability to Follow Dire	ections Attitude
Dependability _	<del>-</del>	
Quality of Work		
Verbal Communication		Written Communication Skills
Program: S  Recommend with  Faculty Signature:	Strongly recommend th reservations to the student or send to the Co-Op	otential in the Athens State Co-op Recommend Do not recommend Date: Office in the Career Center
	Campus Mail Box 246	