



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

Name _____ Major _____
Dates Attended ASU _____ Email or Phone _____
Signature* _____ Date _____

*By signing this form, you are giving the faculty permission to submit this to ASU's Cooperative Education Office; the Co-op office in turn will share this with companies that may consider you for a Co-op position.

To Be Completed By Faculty

Cooperative Education is a degree enhancing program designed to encourage students to integrate classroom study with professional work experiences in their field. The program requires faculty participation. Your support is key to developing a strong Cooperative Education program.

Faculty Name _____ Dept. _____ Campus ext. _____
Email address _____

List courses and semester/ year in which the applicant has been your student:

_____ Course #: Semester/ Year _____ Course #: Semester/ Year _____ Course #: Semester/ Year

Please rate the student on characteristics below on a scale of 1 - 5. Use NA if you are unable to assess any item.

1 - Improvement Required 2 - Satisfactory 3 - Average 4 - Superior 5 - Exceptional

_____ Ability to Learn _____ Ability to Follow Directions _____ Attitude
_____ Dependability _____ Relations with others _____ Maturity
_____ Quality of Work _____ Quantity of Work _____ Initiative
_____ Verbal Communication Skills _____ Written Communication Skills

State your overall evaluation of this student and their potential in the Athens State Co-op Program:

Strongly recommend Recommend
 Recommend with reservations Do not recommend

Faculty Signature: _____ Date: _____

Please return this form to the student or send to the Co-Op Office in the Career Center
Campus Mail Box 246