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:

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<th>Course #: Semester/ Year</th>
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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