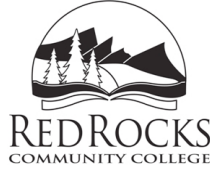


Red Rocks Community College Internship Program



Instructor Recommendation Form

Student Completes: I, _____, have a _____ GPA.
(Name)

I have completed _____ credits in my field of study.

Instructor Completes: I have reviewed the student's unofficial transcript and verify that s/he has sufficient academic training/skills to pursue an Internship. I will be the Internship Instructor, assigned to oversee the Internship.

Prior to starting the internship, the student must meet with me to discuss the internship responsibilities, verify that the internship is appropriate for the student's skill level, and set learning objectives.

My approval can be withdrawn if the student selects an internship that is not a sufficient match with the student's academic training/skills.

Faculty Signature

Academic Department

Date

Telephone

Student's Phone #

S_____
Student I.D. #

Semester

_____-_____-_____
Course #

To schedule an appointment, come to room 1659 or call: 303-914-6258