



# Internship Program Faculty Recommendation Form

Student Completes: I, \_\_\_\_\_, have a \_\_\_\_\_ GPA.

I have completed \_\_\_\_\_ credits in my field of study.

*Faculty Completes:* I have reviewed the student’s unofficial transcript and verify that they have sufficient academic training/skills to pursue an Internship. The student also exhibits professionalism appropriate to the workplace.

**Prior to starting the internship**, the student must meet with the department faculty advisor for interns 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My approval can be withdrawn if the student selects an internship that is not a sufficient match with the student’s academic training/skills.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

\_\_\_\_\_  
Faculty Name Printed

\_\_\_\_\_  
Academic Department

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student’s Phone #

\_\_\_\_\_  
Student I.D. #

\_\_\_\_\_  
Student Email Address

\_\_\_\_\_  
Semester

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Course #

**If you have any questions, contact:**  
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