

FACULTY APPROVAL FOR WORK-BASED LEARNING EXPERIENCE

Program of Study: _____

Program GPA: _____

Yes, I have attached a copy of the student's Program Evaluation (EVAL on Datatel)

Course WBL: _____ Suffix: _____ Section: _____

Semester: _____

Faculty Coordinator Comments:

I verify that (Student Name): _____

meets the eligibility requirements for the work-based learning class and has my recommendation to participate.

Faculty Coordinator Name _____

Phone #: _____

Faculty Coordinator Signature: _____

Date: _____