Faculty Recommendation Form

Part I (to be completed by student)

Please check your choice of degree program:

☐ **Baking & Pastry Arts** ☐ **Culinary Nutrition**

Please check the appropriate campus:

☐ **Providence** ☐ **Denver**

Student:_____ ID Number: J _____

Instructor:_____

Class:_____

Term:_____ Segment:_____

Part II (to be completed by faculty member) ☐ **Lab** ☐ **Academic**

Please state your personal and professional comments regarding this student's performance, commitment and strengths, especially those related to their chosen degree path.
Thank you for your assistance in getting to know this student.

Please forward to the appropriate department:
Providence Campus – Foodservice Academic Studies Office, HAC Building or fax to 401-598-1379
Denver Campus – Marleen Swanson, Hospitality College, Room 315 or fax to 303-256-9371

Instructor Signature: Date: