

Applied Food Science, Innovation & Technology
Faculty Recommendation Form

Part I (to be completed by student)

Student: _____ ID Number: J _____

Faculty Member: _____

Class: _____

Term: _____

Part II (to be completed by faculty member)

Lab/Nutrition/Food Science

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.

Faculty Signature: _____

Date: _____

Please forward to:

Charlotte Campus – Robert Lothrop, College of Hospitality Management, rlothrop@jwu.edu