

**Gaston College  
Work-Based Learning (WBL)**

**Faculty Recommendation**

Program of Study: \_\_\_\_\_ Program GPA: \_\_\_\_\_

WBL \_\_\_\_\_ Section \_\_\_\_\_ Semester: \_\_\_\_\_

\_\_\_\_\_ (Student name) has discussed WBL with me and is there-  
by recommended to register for WBL.

Comments:

Faculty Name: \_\_\_\_\_ Extension: \_\_\_\_\_

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_