

WORK-BASED LEARNING REFERRAL FORM



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REFERRING INSTRUCTOR/ADVISOR	
STUDENT NAME	
STUDENT ID	
AREA OF STUDY	
EMAIL	
TELEPHONE	
DATE SUBMITTED	

REFERRAL GUIDELINES AND INSTRUCTIONS

CANDIDATE	
NAME	
EMAIL	
TELEPHONE	
POSITION FOR WHICH CANDIDATE IS REFERRED	

STATE YOUR BELIEF AS TO WHY THE REFERRED CANDIDATE IS BEST QUALIFIED FOR THE AVAILABLE POSITION

-- Remember to include a copy of the candidate's résumé and / or completed application with the completed form. --

WORK-BASED LEARNING OFFICE USE ONLY	
DATE RECEIVED	NOTES:
DATE OF CONTACT	
DATE OF INTERVIEW	
DATE OF HIRE	
DATE OF TERMINATION	
COMPANY REP NAME	
COMPANY REP SIGNATURE	