LETTER OF RECOMMENDATION  
Collegiate Recovery Community

Personal Information:
Last __________________________    First ___________________________    MI ___
Office Phone: _______________________        Home Phone:  ______________________
Email Address:  ___________________________________________________________

Applicant Information:
Last __________________________    First ___________________________    MI ___
How long have you known the applicant?  ________________________________
In what capacity?  ________________________________________________________

Do you know this applicant well enough to verify complete and continuous abstinence from addictive behaviors?  □ Yes    □ No
What length of abstinence time can you verify for this applicant?  ________________
Recovery groups most frequented by this applicant:  ________________________________
________________________________ Frequency of attendance: ________________

Please check the appropriate evaluation: ☐

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<th></th>
<th>Superior</th>
<th>Excellent</th>
<th>Above Average</th>
<th>Below Average</th>
<th>Can’t Evaluate</th>
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<td>Perseverance</td>
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<td>Motivation</td>
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<td>Responsibility</td>
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In a separate TYPED letter, please discuss your evaluation of the applicant’s likely success in continued recovery and higher education.

Additional Comments:  __________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

______________________________  _______________________
Signature                      Date

_______________________________________________
Printed Name

_______________________________________________
Institution                      Position