

Crowder College
College Assistance Migrant Program
LETTER OF RECOMMENDATION

TO STUDENT:

Please submit this form to a teacher, counselor, school administrator or employer who knows you. Ask the evaluator to complete the form in its **entirety** and **print clearly**. This can not be completed by a family member.

Student's Name: _____ **Date of Birth:** ____/____/____
month day year

Address: _____ **Telephone#:** _____

TO EVALUATOR:

The student named above is applying for admission to Crowder College through the College Assistance Migrant Program. Please evaluate the applicant's potential for success in college relative to his/her peers and mail directly to:

College Assistance Migrant Program
Crowder College
601 Laclede
Neosho, MO 64850

Your answers will be held in confidence. Please call us with any questions you may have at 417.455.5654. Fax: 417.455.5519. Your time is appreciated.

Name of Evaluator: _____ **Position:** _____

School/Institution: _____ **Telephone#:** _____

Address: _____ **City:** _____ **State:** ____ **Zip:** _____

PERSONAL QUALITIES	Strong	Average	Weak
Persistence			
College Potential			
Motivation			
Leadership Qualities			

Highly Recommend _____ Recommend _____ Do Not Recommend _____

Additional Comments:

Signature: _____ **Date:** _____