Professional Letter of Recommendation
To be completed by a non-family member who can recommend you such as a counselor, employer, sponsor, etc.

The person below is applying to the Collegiate Recovery Community, a program at Kennesaw State University for students in recovery wishing to give back through service, as well as receive support from peers and staff for their academic and recovery goals. Please complete this form honestly and to the best of your ability.

Name of Person Completing Recommendation: ____________________________
Phone: ____________________________ Email Address: ____________________________

Applicant’s full name: ____________________________
How long have you known the applicant? ____________________________
In what capacity? ____________________________

To the best of your knowledge of the applicant, please rate them using the scale below:

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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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<tbody>
<tr>
<td>Perseverance</td>
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<td>Motivation</td>
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<td>Organization</td>
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<td>Responsibility</td>
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Tell us more about why you are recommending this applicant (include any relevant information such as strengths you have observed in the applicant within the recovery community, academic performance, work performance, etc.):

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Signature ____________________________ Date ____________________________

By signing above, you verify that you recommend the applicant for acceptance to the Collegiate Recovery Community.

Position/Institution: ____________________________

Please return completed form by mail, fax or email to:
Center for Young Adult Addiction and Recovery
1085 Canton Place NW, MD 6002
Kennesaw, GA 30144
Fax: 470-578-9203
Email: recovery@kennesaw.edu