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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<tr>
<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
430 Bartow Ave
MD 2403
Kennesaw, GA 30144-5591
Fax: 470-578-9203
Email: recovery@kennesaw.edu