

**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:

	Superior	Excellent	Above Average	Below Average	Can't Evaluate
Perseverance					
Motivation					
Organization					
Responsibility					

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