



## Recommendation Letter for the CLEAN Program

**(1) Part 1 is completed by the applicant.**

First Name \_\_\_\_\_ Last \_\_\_\_\_ Middle \_\_\_\_\_

Check one:

- I waive my right to see this recommendation.
- I do not waive my right to see this recommendation.

Applicant signature \_\_\_\_\_

Date: \_\_\_\_\_

**(2) Part 2 is completed by the Reference.** This form can be emailed or mailed to the following address:

Julie Gehlen (CLEAN)  
T 2750  
The College of St. Scholastica  
1200 Kenwood Avenue  
Duluth, MN 55811

### **Note to the reference from CLEAN staff**

We appreciate your recommendation and all relevant information you can provide on the candidate. Your feedback will be used along with other information provided by the applicant to determine the readiness and appropriateness for the CLEAN Program.

The CLEAN Program is a recovery support program for those interested in pursuing an education while endeavoring to maintain a healthy recovery program.

A CLEAN staff member may contact you for confirmation or clarification on the information you provided. If you have questions or concerns, please call the CLEAN office number at (218) 723-6527 or visit The College of St. Scholastica website at [css.edu](http://css.edu) and type "CLEAN" into the search bar.

Name of Applicant: \_\_\_\_\_

**RECOMMENDATION FORM**

**Recommender's Information:**

First Name \_\_\_\_\_ Last \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_

Daytime telephone number \_\_\_\_\_

What is your relationship to the applicant?

If clinician, dates providing services to the individual \_\_\_\_\_ to \_\_\_\_\_

Would you recommend this person as a good candidate for The College of St. Scholastica's CLEAN Recovery Program? Why or why not?

Why do you believe this applicant will succeed academically?

Why do you believe this applicant is working a healthy recovery program? What evidence have you seen to support this belief? (meeting attendance, working with a sponsor, length of sobriety, etc.)

What are some challenges that this applicant may face in their academic or recovery pursuit?

Do you have concerns with this individual in terms of mental health, stress, mood, hygiene, physical health, etc.?

Do you have concerns with this individual in terms of his or her current relationships?

Does this individual have legal issues- past or present- of which you are aware?

Reference signature \_\_\_\_\_

Date \_\_\_\_\_