

**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:** \_\_\_\_\_

<b>PERSONAL QUALITIES</b>	<b>Strong</b>	<b>Average</b>	<b>Weak</b>
Persistence			
College Potential			
Motivation			
Leadership Qualities			

Highly Recommend \_\_\_\_\_ Recommend \_\_\_\_\_ Do Not Recommend \_\_\_\_\_

**Additional Comments:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_