



Recommendation Form

Applicant: Please print or type your name, address, and select the degree in which you are applying. Give this form to a supervisor, colleague or other professional who knows you and can recommend you to the Accelerated Program.

Applicant Name: _____
Last First MI Prior Name

Street Address: _____

City, State Zip Code: _____

Degree: Business Administration Computer Information Systems General Studies

To The Person Completing This Recommendation:

The person whose name appears above is applying for admission to a fast-track online Associate's Degree program at Bossier Parish Community College. In consideration of each applicant, particular emphasis is placed on comments from individuals whom the applicant has chosen. This recommendation will be used only for admissions purposes; it will not be made a part of the student's educational record and no reference will be made to it for educational purposes after a decision is final on the applicant's admissibility.

All sections must be completed. If you need additional space, please attach separate page.

Name of person completing this form: _____

Position/Title: _____

Organization/Business Name: _____

Telephone: Work: _____ Other: _____

Address: _____

City, State, Zip: _____

How long have you known the applicant? Years _____ Months _____

Under what circumstances have you worked/volunteered with the applicant?

May we contact you regarding this applicant? Yes No

Please complete the other side.

Describe the applicant’s ability to communicate orally and in writing. If applicant is from a non English-speaking country, how well does he or she understand, write, and speak English?

What characteristics of the applicant lead you to believe that he/she can work in a fast-paced environment?

Please rate the applicant as compared to his or her peer(s).

Attributes & Abilities	Superior	Excellent	Good	Fair	Poor	Unable to Rate
Flexibility/Adaptability						
Maturity						
Motivation						
Personal Integrity						
Analytical Skills						
Ability to Overcome Obstacles						
Openness to New Ideas						
Planning Skills/Time Management						
Goal Oriented						

Of the attributes and abilities evaluated above, please comment on:

A) Applicant’s area of greatest strength.

B) Areas where applicant could use greatest development.

Please indicate your overall recommendation of this applicant for college courses. Check one.

Strongly Recommend ___ Recommend ___ Recommend with Reservations ___ Do Not Recommend ___

We realize that considerable time and effort may be involved in preparing this evaluation and we greatly appreciate your help. *Please return this form to: Bossier Parish Community College, Attn: Admissions-Registrars Office, 6220 East Texas Street, Bossier City, LA 71111.*

Signature: _____ Date: _____