

Faculty/Professional Recommendation Form

To: Program Coordinator

In my professional opinion, _____
name of applicant

has the capability and personality to work as a program assistant.

(Additional comments would be helpful but are not required.)

Signature

Date

Name (print):

Position/Title:

Department: _____

Phone number or e-mail
address: _____

Return this form to the applicant, send via campus mail to Scott Weigand LARC 229, or e-mail as attachment to weigansm@lavc.edu. As an alternative to this form, the recommendation information may be sent as an e-mail text to the above e-mail address.