Muskegon Community College

Adult Recommendation Form

This form is to be filled out by someone who knows you well and who can comment on the areas listed below. (This may include a pastor, youth leader, employer, neighbor, etc. as long as the individual does not work in the school system or is not a member of your family.)

Student's Name ________________________________________________________________

How long have you known this student? __________________________________________

Please explain briefly below how you came to know him/her: ____________________________

____________________________________________________________________________

This student is applying for admission to the Muskegon Community College TRIO Upward Bound Project. The following questions are designed to help our staff better evaluate him/her during the selection process. Please fill out and mail directly to the address listed on page 2 of this form or give to the student in a sealed envelope.

Instructions: In thinking about this student, please respond to each question or statement with a “Yes”, “No”, or “Sometimes” and give an example to support your response.

1. The student thinks things through and makes good decisions. ______________________

____________________________________________________________________________

2. The student demonstrates quality (verbal/written) communication skills. __________________

____________________________________________________________________________

3. Does this student work effectively with others? ________________________________

____________________________________________________________________________

4. Does the student demonstrate initiative, set goals, and complete tasks on time? ___________

____________________________________________________________________________

5. The student follows rules and shows respect and concern for others. __________________

____________________________________________________________________________

6. Is this student actively involved in positive activities? __________________________

____________________________________________________________________________

7. Have you observed a time when the student was challenged academically or socially? How did they handle the situation? _______________________________________________________________________

____________________________________________________________________________
8. Do you know how well this student adjusts to change? ___________________________________________

9. How does the student respond to constructive criticism? _______________________________________

10. Does the student demonstrate leadership ability? ____________________________________________

11. Does the student have a support system outside of school? _____________________________________

12. Does the student value the importance of a college education? _______________________________

13. Do you believe this student has the potential to pursue a four-year college degree from a college or university if he/she were provided with consistent academic and personal support? ______

14. Because we have a limited number of spaces available your input is very important. Please provide any additional comments or information you believe our staff should know in consideration of this student’s application. __________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Signature _____________________________________________________________________________

Date __________________________________________________________________________________

Print Name ____________________________________________________________________________

E-mail _________________________________________________________________________________

Home Address __________________________________________________________________________

Home Phone # __________________________________________________________________________

Business Name/Address (if applicable) ______________________________________________________

Work Phone # __________________________________________________________________________

Muskegon Community College
TRIO Upward Bound Project
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