



Candidate

Give this form to your counselor/teacher to complete. If you are not currently enrolled in high school, please give this form to an employer, clergy member, or community advocate.

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Referring Person

The assessment should address the applicant's academic strengths, as well as areas needing improvement (support services e.g. tutoring, counseling, remedial coursework, etc.); potential for success in college; demonstrated desire to succeed in school and level of motivation. You may also include information about extenuating factors which may have affected the applicant's academic performance. Your recommendation will remain confidential. Email your submission to eopoffice@monroecc.edu.

Name: _____ Title: _____

Name of School / Agency / Employer: _____

Phone: _____ Email: _____

Signature: _____ Date: _____