MT. SAN ANTONIO COLLEGE BRIDGE PROGRAM

OFFICE STAFF RECOMMENDATION



NAME OF APPLICANT	IE OF APPLICANT STUDENT ID #					
SIGNATURE	DATE					
The individual named above has applied Committee places great importance on judgment on the applicant's leadership	the recommendati	on of college fac	culty member	s and others qu	alified to render	
PLEASE PRINT OR TYPE:						
Your Name		Tit	le			
College or Company Name						
Telephone Number		Em	nail:			
How long have you known the applican	t?					
In what capacity?						
In comparison with other students you	have known, how v	would you rate t	his applicant	with respect to	the following qualities:	
	Below Average (Bottom 1/3)	Average (middle 1/3)	Good (Top 1/3)	Outstanding (Top 5%)	Inadequate opportunity to observe	
Intellectual ability						
Maturity Ability to work with others						
Written skills						
Oral skills						
Responsibility						
Adaptability Organization						
Ability to follow directions						
***Please answ	ver the follo	owing qu	estions	listed or	n the next page	
Overall, you:						
		_				
	strongly recommer recommend with r		not recomn			
Signature:				Date:		

Please explain your assessment of this student's leadership potential, customer	service skill
oility to take initiative, and/or potential success as an Office Assistant.	
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. Do you have any additional comments that may be helpful as we consider this	candidate?