

Student Government Recommendation Form

(Three recommendations are required to complete the application submission)

To the Applicant:

Type or print all information requested below and give this form to your reference. Your reference should be able to comment on your ability to succeed as a student leader. The reference should return the competed form directly to the Office of Student Activities or Campus Counselor. Please email or place in campus mail the form and corresponding letter.

WVNCC Office of Student Activities ATTN: Sara Wood swood@wvncc.edu

Applicant's Name:					
Recommender's Name:					
I hereby waive my right of access to this letter of recommendation:					
Applicant's Signature	Date				
All confidential information becomes the prop	-				
To the Reference: The applicant named above is applying to be a student governmen Northern Community College					
Reference's Information:					
Name:					
Title:					
Address:					
Telephone Number:					

PLEASE EMAIL the form and letter to the Office of Student Activities at swood@wvncc.edu or place it in campus mail.

for		years and/or			
2.	Please evalu	ate this applicant o	n the following:		
		Average or Below	Good	Excellent	Outstanding
Academic pe					
analytical al					
Creative/orig	ginal				
nought					
	work habits				
ndependenc	e				
nitiative					
Motivation					
esourcefulr					
elf-confide	nce				
eadership a	bility				
Other (please	e specify):				
	As a separat student gove The app including	re comparing the ap	plicant, e.g. college provide a summanddressing the follocengths in student I you have seen the	eadership, organization, e candidate demonstrate	ential to succeed as a and critical thinking, those strengths.
Recom		epresenting WVNCC		racter that would assist t	Date