

LINK Program Recommendation Form

Student Name: _____ Phone Number: _____
(Please Print)

I support the application of _____ for the LINK Program.

Name of individual completing the recommendation form: _____

Relationship to the student applicant: _____

How long have you known the student applicant? _____

What do you consider to be this student's two greatest strengths?

1.

2.

What other attributes does this student possess that make you want to recommend her/him?

Additional Comments:

Signature of individual making recommendation: _____

Title: _____ Contact information: _____

Please upload completed and signed application form, essay, letters of support, and recommendation forms to: <https://www.csuohio.edu/engagement/link-program>

Applications accepted in March. For additional information, email Stephanie Palmer, s.kennedy@csuohio.edu or telephone – 216-687-9335.

