



Colorado Agriculture and Rural Leadership

Confidential Applicant Recommendation Form

Name of Applicant _____

TO THE RECOMMENDER: The individual forwarding this recommendation form to you is applying to the CARL program. Your recommendation is helpful in our selection process and in assessing the applicant's qualifications.

This is a: Personal [] Business recommendation []

I know the applicant: Thoroughly [] Fairly Well [] Superficially []

How long have you known the applicant? _____

In what capacity do you know the applicant? _____

Please respond to the following in assessing the applicant's abilities:

Table with 5 columns: Potential to provide leadership, Communication skills, Openness to ideas, Esteem in which applicant is held, Social sensitivity, Ability to relate to others, Potential for growth, Self confidence, Overall assessment of leadership potential. Columns are rated: Exceptional, Very Good, Average, Not able to determine.

Please provide your objective evaluation of the applicant and indicate your reasons that agriculture and Colorado would benefit from this individual's participation in the CARL Program.
(All recommendations are intended for Selection Committee use only.)

Signature of Recommender _____ Date _____

Please type or print:

Recommender Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone: Home _____

Work _____

Please return by December 1st to:

CARL
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1679 Campus Delivery
Fort Collins, CO 80523-1679
970-491-8669
carl@agsci.colostate.edu