

**Collegiate Recovery Program Application  
Reference Form and Letter**

The person whose name appears below has applied for admission to the Collegiate Recovery Program at Southeastern Louisiana University and has listed you as a reference.

**Name of Person Completing Recommendation:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**How long have you known applicant?** \_\_\_\_\_ **In what capacity?** \_\_\_\_\_

**Can you verify six months of continuous abstinence from substances/addiction behaviors?**  Yes  No

**What length of abstinence can you verify for this applicant?** \_\_\_\_\_

**Please check the appropriate evaluation:**

	Superior	Above Average	Average	Below Average	Can't Evaluate
<b>Perseverance</b>					
<b>Motivation</b>					
<b>Organization</b>					
<b>Responsibility</b>					

**In a separate TYPED letter, please discuss your evaluation of the applicant's likely success in continued recovery and higher education.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please attach reference letter and send to:**

**By mail: LION UP Recovery  
University Counseling Center  
SLU Box 10310, Hammond, LA 70402  
By email: recovery@southeastern.edu**