



## **Buff CARES Recommendation Form Process**

West Texas A&M University's Buff Collegiate Addiction Recovery Education and Support (Buff CARES) requires **2** letters of recommendations as part of the application process. It is the applicant's responsibility to acquire the documents and ensure their submission before the application deadline to be scheduled for an interview.

Letter recommenders need to be able to confirm to your leadership ability, as well as your ability to be successful in both your recovery and academic journey. recommenders may include a teacher, clinician, sponsor, mentor, or employer. Obtaining multiple letters of recommendation from the same company or affiliation may require additional letters to be provided.

Please provide the following form to each of your letter recommenders. If you have any questions or concerns, please reach us at [Cares@wtamu.edu](mailto:Cares@wtamu.edu) or (806) 651-4806.

**Bufs CARES Program Letter of Recommendation Form**

Applying for: Fall  or Spring  of

Please return to Buff Cares by email or mail:

Email: [Cares@wtamu.edu](mailto:Cares@wtamu.edu)

Mail: Buff CARES, WTAMU Box #60971, Canyon, TX 79016

Applicant's Name: \_\_\_\_\_

*First*

*Middle*

*Last*

Name of person completing recommendation: \_\_\_\_\_

Primary Phone number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

What is your relationship to the applicant? \_\_\_\_\_

In the table below, please select the appropriate evaluation for the applicant:

	Superior	Excellent	Above Average	Below Average	Can't Evaluate
Accountability					
Motivation					
Organization					
Perseverance					
Responsibility					

Comments (Please elaborate on "Superior" or "Can't Evaluate" responses): \_\_\_\_\_

Can you verify that the applicant has maintained continuous abstinence from substances for at least one year?

What support systems (12-step process, professionals, spiritual or religious groups, etc.) does the applicant utilize to continue their recovery journey?

How often does the applicant engage in their recovery support(s)? \_\_\_\_\_

What areas of the applicant's life is there still room to grow? \_\_\_\_\_

**In a separate letter, please describe your confidence in the applicant's ability to maintain their recovery while pursuing higher education.**

Signature: \_\_\_\_\_ Print: \_\_\_\_\_

Date: \_\_\_\_\_ Affiliation: \_\_\_\_\_