



# STARS Letter of Recommendation

Please complete, sign, date and mail your letter of recommendation to: STARS, Manchester Community College, MS #8, P.O. Box 1046, Manchester, CT 06045-1046 or deliver to Student Services Center, SSC L120.

## INFORMATION AND LETTER

Student Name	
Your Name	Position/Title
Your Phone Number	Your Email

Please specify how long and in what capacity you have known the applicant. Address issues such as attendance, participation in activities, motivation and general attitudes towards learning. Why do you think they should be a good candidate for the STARS Program? You may attach a separate sheet of paper to this form if you wish.

Signature	Date
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