

Suffolk County Community College
Educational Opportunity Program
Recommendation Form

Applicant's Name: _____

Applicant's Social Security Number: xxx - xx - Applicant's Date of Birth: _____

The applicant will be attending: Ammerman Campus Eastern Campus Michael J. Grant Campus

Applicant's Phone Number: (____) _____

High School Counselor/Agency Personnel:

Please complete the information below and return via the applicant in a sealed envelope or mailed to the following address:

Ammerman Campus

Educational Opportunity Program
Huntington Library, Room 22
Suffolk County Community College
533 College Road
Selden, New York 11784

Eastern Campus

Educational Opportunity Program
Peconic Building, Room 205
Suffolk County Community College
121 Speonk-Riverhead Road
Riverhead, NY 11901

Michael J. Grant Campus

Educational Opportunity Program
Suffolk Federal Credit Union Arena, Room 129
Suffolk County Community College
1001 Crooked Hill Road
Brentwood, NY 11717-1092

Your Name and Title: _____

Name of School/Agency: _____

Address of School/Agency: _____

City: _____ State: _____ ZIP code: _____ Telephone: (____) _____

Please indicate your association with and length of time you have known the applicant. _____

Please provide an estimate of the applicant's ability to perform at the college level. _____

Please provide any evidence that indicates the applicant's desire and ability to complete a college degree. _____

Please indicate any supportive services that the applicant may need in order to be successful in college (e.g., tutoring, counseling, remedial coursework etc.).

Please use the space below to provide additional information about the applicant and his/her circumstances that you feel the college should consider in evaluating this applicant's candidacy.

Date: _____

Signature: _____