



## ROADRUNNERCOLLEGIATE RECOVERY PROGRAM

### Letter of Recommendation

*This letter of recommendation will be used to determine the applicant's readiness and appropriateness for being a part of the Roadrunner Collegiate Recovery Program and/or Recovery House at Ramapo College of New Jersey*

Please return by mail or email to: Cory Rosenkranz, Coordinator  
Roadrunner Collegiate Recovery Program  
505 Ramapo Valley Road  
Center for Health & Counseling Offices  
Mahwah, NJ 07430  
[crosenkr@ramapo.edu](mailto:crosenkr@ramapo.edu)

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Applicant's name:

Reference name:

Position/Institution/Company:

Phone Number:

Email Address:

How long have you know the applicant?

What is your relationship to the applicant?

Please check the appropriate evaluation:

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

Comments (Please explain marks of Superior or Can't Evaluate):

**Do you know this applicant well enough to verify at least 6 months of complete, uninterrupted abstinence from all alcohol and other drugs? If so, what length of abstinence time can you verify?**

**Did you know the applicant prior to them beginning their recovery? If so, describe the major differences you see in the applicant now that they are in recovery:**

**In your opinion, what do you see as the circumstances that influenced the applicant to choose to enter in to recovery?**

**What leads you to believe the applicant is working a healthy recovery program?**

**What areas can the applicant improve to become a better student, emerging professional, community member and a more well-rounded individual?**

**What compulsive behaviors does this individual struggle with other than substance use? What information do you have about them and what are your concerns?**

**What health concerns do you have in regards to daily hygiene, physical health and nutrition?**

**How would you describe this individual's emotional health in terms of stress, mood, energy and sleep?**

**How would you describe the quality of the applicant's important relationships? For example, with peers, parents and significant others**

**Signature**