



LAREDO  
COLLEGE  
EST. 1947

**Laredo College**  
**Center for Learning, Academic, and Student Success**  
**Instructor Recommendation Form**

Recommendation from an Instructor, Professor, or Department Chair.

DATE: \_\_\_\_\_

POSITION APPLYING FOR: \_\_\_\_\_

APPLICANT'S FULL NAME: \_\_\_\_\_ STUDENT ID #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PRIMARY/CELL PHONE: \_\_\_\_\_ STUDENT E-MAIL: \_\_\_\_\_

INSTITUTION ENROLLED: \_\_\_\_\_ NUMBER OF HOURS ENROLLED: \_\_\_\_\_

CUMULATIVE GPA: \_\_\_\_\_ OVERALL INSTITUTION GPA: \_\_\_\_\_

**LIST THE COURSES THAT YOU HAVE ENROLLED FOR IN THE SUBJECT AREA:**

COURSE(S)	INSTRUCTOR'S NAME	GRADE
_____	_____	_____
_____	_____	_____

INSTRUCTOR'S NAME (PRINT): \_\_\_\_\_ DATE: \_\_\_\_\_

INSTRUCTOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*I hereby certify that the information above is true and accurate to the best of my knowledge. I understand that falsification of information will void my employee contract and could result in termination. I understand that if I am hired, my performance is subject to periodic review and evaluation.*

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR OFFICE USE ONLY**

FORM RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_