

Argo Connect Counselor/Teacher Recommendation Form

Instructions:

Review the following statements below and check if you agree. Once complete, sign and date the bottom of this form and return to the applicant.

I support the enrollment of this student in college level coursework at the University of Providence through the Argo Connect program.

I believe this student to be capable of successfully completing all the course requirements.

I believe this student has the ability to understand and abide by University policies, rules and standards with regard to academic requirements and student behavior.

Signature

Date