



SAINT MARY'S COLLEGE
of California
School of Extended Education

Paralegal Certificate Program Recommendation Form

APPLICANT

Program for which you are applying: _____

Candidate's Name: _____
Last First Middle

Please contact and submit this recommendation form on my behalf.

I do ___ do not ___ waive all future rights to review the Recommendation once submitted.

Signature of Applicant: _____ Date: _____

Address: _____
Street Address City/State ZIP

TO THE PERSON COMPLETING THIS FORM

The person whose name appears above is applying for admission to the Saint Mary's College Paralegal Program. Saint Mary's College does not discriminate on the basis of race, religion, national origin, gender, sexual orientation, age, marital status, medical condition or physical or mental disability in any of its educational programs or in the provision of benefits and services to students. In accordance with PEPC policies, the author of reference is asked to refrain from commenting on: illegal discriminatory criteria such as candidate's age, race, religion, national origin, marital status, political affiliations, beliefs, or activities. The questions below are offered as a guide; we welcome your comments in any format as an aid in determining the applicant's ability to benefit from and contribute to the above program.

Name of individual completing this form: _____
First Middle Last

Position: _____

Organization: _____

Address: _____
Street Address City/State ZIP

1. How long have you known the candidate and in what capacity?

