



## Residence Life Staff Program Recommendation Form

Name \_\_\_\_\_ Location \_\_\_\_\_

Program \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**I contacted the following students directly and recommended participation in the  
aforementioned program.**

**PLEASE PRINT**

Student Name	Location	Contact #	Attended?	
			Yes	No

**I did not contact any students regarding the aforementioned program.**

(Please explain your response)

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