



Faculty or Staff Recommendation Letter
Student Travel Committee
Student Activities Association, Inc.

I, _____, support the following student or students

to attend the following event _____

on the date(s) of _____ in _____ (city/state).

How long have you known the applicant? (Years/Months)

What is your overall opinion of the applicant's qualifications?

Faculty/Staff Print Name

Date

Faculty/Staff Sign Name

Date

Department Name

Extension

Email Address

By signing this form, you are indicating that you know this student and believe that assisting this student with a travel opportunity would be beneficial to their John Jay College experience. This form does not hold you responsible for any claims, damages, or liability arising from or related to the trip activity of this student.