



"Commitment to Excellence"

Coral Springs Regional Institute of Public Safety  
Chief Recommendation Form

This form must be completed by a Firefighter Department Chief or Deputy, with personal or professional knowledge of the applicant. *Completion of this form does not guarantee admissions.*

Recommendation for:

(Name of Student) PLEASE PRINT

Recommending Chief Name and Position:

Fire Department:

Phone #:

Email:

How long have you known this applicant and in what capacity?

In what ways does the candidate demonstrate reasonable expectations for successful completion of the occupational programs? :

Please rate the candidate's suitability for our occupational program with respect to the following:

	Excellent	Good	Fair
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem-Solving Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Accept Correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I recommend:  without reservation       with some reservation       I do not recommend

*By signing below, I commit to mentoring this candidate throughout the duration of their program, if accepted.*

Chief Signature:

Date:

Applicants are responsible for uploading completed letters into their CSRIPS Student Application during the registration period.

