

AgDiscovery

LETTER OF RECOMMENDATION

STUDENT'S FIRST/LAST NAME

Student: Please give this Letter of Recommendation to three (3) adults (one must be a teacher or counselor), who know you (for example, a supervisor, teacher, school counselor, coach, or minister, who is **NOT A RELATIVE**) and are familiar with your character and integrity, your schoolwork, interest in agriculture, veterinary science/medicine, agribusiness, and/or other related science disciplines. **Please fill in your name on the top of the form, and the name of the university for which you are applying, below.**

Respondent: The student named on this form is being considered for participation in the AgDiscovery program, a summer enrichment program at _____ University, sponsored by the United States Department of Agriculture, Animal and Plant Health Inspection Service.

Please complete this form on his/her behalf and return to the student **by March 22, 2024**. You may use a separate sheet of paper, if needed. If your school policy does not allow recommendations to be provided directly to students, you must send an email notifying the AgDiscovery program manager at: agdiscovery@usda.gov. Please include the student's name in the email subject line. **THIS FORM MUST BE COMPLETED AND INCLUDED WITH YOUR RECOMMENDATION.**

Name and Title	
Relationship to applicant	
Address	Street: _____ State: _____ City: _____ Zip Code: _____
Email Address	
Phone Number	

Please address the questions listed below:

- How do you know the student?
- How long have you known the student?
- What do you know about the student's character, ambition, aptitude for learning, and interest in agriculture, biological or veterinary science, agribusiness, and/or other disciplines?

Signature of Respondent: _____ **Date:** _____

Letters of recommendation must be submitted by 11:59 p.m. EST, March 22, 2024.