



Blue Coat Ambassador Recommendation Form

The FVSU Blue Coat Ambassadors (Blue Coats) are a select group of student leaders from across campus involved in a diverse range of activities and pursuing various educational disciplines. They are students that love Fort Valley State University and have a story to tell about our experiences at this unmatched institution.

The Blue Coats enhance the impact of the President's Office and Division of university Advancement through ambassadorship, stewardship, and selfless service. They do this by serving as hosts at special events and interacting with those who can make a significant impact on their future at FVSU. They also provide a student perspective during special events and meetings and host alumni, donors, and friends of the university on-campus visits.

This applicant is seeking membership to be a Blue Coat Ambassador. Applicants must recommendation forms submitted by the posted deadline: **April 20, 2026**

SECTION I. Applicant Information

Applicant must complete Section I first. Once Section I is completed, the applicant should send the form to the selected recommender, who must complete Sections II and III. Recommendation forms must be completed by a current or former FVSU faculty member, staff member, supervisor, or academic advisor. Any recommendation form received from family, friends, or pastors will not be processed.

Applicant Full Name:	
Student Email:	
Student ID Number:	

I, the undersigned applicant, hereby authorize Ms. Karin Vinson to conduct a thorough investigation into my moral character, professional reputation, and overall fitness for membership as a Blue Coat. This authorization includes, but is not limited to, the review and verification of any information that may be relevant to my suitability for this role.

I further authorize my designated recommender to respond fully and candidly to any questions posed by Ms. Vinson or her designee concerning my fitness, character, and qualifications to serve as a Blue Coat.

Applicant's Signature

Section II. Recommender's Information

Name:	Title:
Email Address:	Phone Number:
In what capacity have you known the Applicant: <input type="checkbox"/> Professor <input type="checkbox"/> Advisor <input type="checkbox"/> Supervisor <input type="checkbox"/> Other	
How long have you known the Applicant: <input type="checkbox"/> Less than 12 months <input type="checkbox"/> 1-3 years <input type="checkbox"/> More than 3 years	

Section III. Recommendation

Category	Excellent	Good	Fair	Not observed
Professionalism				
Communication skills				
Courtesy and Friendliness				
Honesty and Integrity				
Reliability and Punctuality				
Responds well to constructive criticism				
Leadership potential				
Time management skills				
School pride and institutional knowledge				
Service mindset				
Teamwork and Collaboration				
Initiative and willingness to help				

Overall Recommendation:

- Recommend.
- Recommend with reservation.
- Do not recommend.

Additional Comments:

Printed Name

Signature

Please return form to: bluecoats@fvsu.edu