PEER TUTOR FACULTY RECOMMENDATION

TO BE COMPLETED BY STUDENT

Student Name: _____ ID# _____

Courses in which you intend to tutor (use specific course names):

_____

_____

_____

TO BE COMPLETED BY FACULTY

The above student has applied to the Academic Success Center Peer Learning Program for a position as a student/peer tutor. Because tutoring services are university-wide, we must rely heavily on our colleagues for advice in hiring tutors in the content areas. Please consider carefully and respond to the following questions, then return this form to the student at your earliest convenience and know that we will contact you for verification. We thank you for your evaluation, which will be a major criterion for the selection of tutors.

1. Has this student taken courses with you? Yes ☐ No ☐

2. If yes, what grade(s) did the student receive? _____

3. Have you had interaction with or observed this student outside of the classroom setting? Yes ☐ No ☐

4. If yes, please describe interactions which reflect any qualities you feel are desirable in a tutor.

_____

_____

_____

5. Will you recommend this student to be a tutor? Yes ☐ No ☐

Additional Comments:

_____

_____

_____

Faculty Name: _____ _____
Print Signature

Department: _____ Date: _____

Student: Please upload the completed form in Workday with your application
Professors: Please return the form to the student and know that we will contact you directly.