

## Peer Tutor Faculty Recommendation

### To the Student:

Fill in your name, the present term and year, and the course title you wish to tutor. Complete a separate form for each subject you wish to tutor. Submit this form to your current instructor, or to the faculty member in the same department who can best judge your academic and interpersonal abilities.

\_\_\_\_\_ has sufficient knowledge of the course(s) \_\_\_\_\_ to tutor  
other students during \_\_\_\_\_ semester \_\_\_\_\_ year.

### To the Instructor:

The student presenting this form is applying to be a tutor in the Peer Tutoring Program at the Tutorial Learning Center. Please give us your assessment of the above student's knowledge of this particular course(s). If you have any questions, please contact the Asst Coordinator at ext. 1392. Once the form is completed, please return it to the Asst Coordinator in TLC located at Houston Hall 113. *Thank you!*

**Yes, this student should be considered to tutor.**

**No, I do not feel this student should be considered to tutor.**

Comments:

If yes, please indicate your assessment of the student's traits as listed below:

**Ability to communicate:**                      **Above Average**                      **Average**                      **Below Average**

Comments

**Reliability:**                      **Above Average**                      **Average**                      **Below Average**

Comments:

**Attitude:**                      **Above Average**                      **Average**                      **Below Average**

Comments:

**Command of Content:**                      **Above Average**                      **Average**                      **Below Average**

Comments:

**Do you feel there is a need for a peer tutor in this course, subject, or program?**

Faculty Name: \_\_\_\_\_  
(Please Print)

Faculty Signature: \_\_\_\_\_

Date: \_\_\_\_\_