FACULTY RECOMMENDATION FORM

Name: _____   Date_____

I _____ recommend _____
   Faculty Member   Student

for the tutor position with the University Transfer TRIO/Student Support Services

program. This student has demonstrated skills in (check any that apply).

☐Math ☐Reading ☐Writing☐Computer Skills

☐Other_____

Has this student taken courses with you?   ☐Yes ☐No
If yes, please list courses: _____

Please write a brief summary of why he or she would be an effective peer tutor:

_____

_____

_____

_____

_____

FOR OFFICE USE ONLY:

TRiO staff verification of classes to tutor in: _____

_____

_____

_____

TRiO staff G.P.A. verification: _____

TRiO staff verification done by: _____   Date: _____