

Orientation Leader Recommendation Form

Office of Student Affairs
Illinois Institute of Technology

TO THE APPLICANT:

(Please complete this top portion PRIOR to giving the form to your reference)

Applicant Name (please print): _____
Last First Middle

I _____ DO _____ DO NOT waive my right to see this reference form after it is completed.

Applicant Signature: _____ Date: _____

Reference Information

Name of Reference _____

Organization & Position _____

Address _____ Phone _____
Street

_____ E-mail _____
City, State, ZIP

How long have you known this candidate? _____

In what capacity do you know this candidate? _____

What strengths have you observed in this candidate? _____

In what areas do you believe this candidate can improve? _____

In what areas have you observed growth in this candidate? _____

Would you recommend this candidate for an Orientation Leader position?

- _____ Strongly Recommend
_____ Recommend
_____ Recommend with Few Reservations
_____ Do Not Recommend