TEACHING FELLOW REFERENCE FORM

Name of Applicant: I am applying to be the Styberg Pre	eaching Institute's Teaching Fellow
Reference Information: Name: Title: Position: Address: City/State/Zip: Email: Phone:	
I do not waive In either case, I understand that this	my right of access to this reference. my right of access to this reference. s form will be used only for selection purposes manent personnel file should I be selected.
Signature:	Date:
Reference Instructions:	
 the following criteria: Length of time you have known her Character and emotional stability Academic performance and potential 	omment in detail about the applicant using the applicant and how well you know him or ty tential for scholarly work and teaching (if
applicable)4. Particular strengths and weakne5. Personal knowledge of applicar teaching preaching	esses at's academic experience and commitment to
Signature:	Date:
A typed name on the email serves	as your written signature.

Please email this form and your completed reference directly to Gennifer Brooks at gennifer.brooks@garrett.edu before May 1, 2015.