

Student Success Center
Learning Assistance Center
Tutor Candidate Recommendation Form

Candidate Name _____

Date _____

Semester(s) applying for: Summer 2013 Fall 2013 Spring 2014

Courses to tutor:
[Candidate should list all courses
in a given discipline (e.g., BIO).
One recommendation form is
required for each department.]

Faculty Section

E-mail: Save using Acrobat Pro; then email. If you use Reader, click email button at top to send us the data file.

Campus/ U.S. Mail/ Fax: Mclver Building, rm. 102, UNCG, PO Box 21670, Greensboro, NC 27402-6170 • FAX: (336) 334-5341

Dear Faculty member: We want to select tutors who meet the following criteria: 1) have demonstrated a solid understanding of the course concepts; 2) have the ability to handle responsibility; and 3) have excellent communication skills. Your comments about the applicant will be very helpful in selecting the most qualified tutors. (Please feel free to provide supplementary commentary on the back of this form.)

Faculty Name: _____

Faculty Signature

1. How well do you know the applicant?

1a. In what capacity have you known the candidate?

2. Please describe this candidate's mastery of the course content.

3. Please describe this candidate's academic/ study skills (e.g., ability to interpret textbook material, time management, etc.).

4. Please describe this candidate's ability to relate to students/peers.

5. Other comments