

## **ACADEMIC SUCCESS CENTER**

## **Faculty Recommendation Form**

A recommendation form must be completed, signed, and returned to the Academic Success Center by a supporting faculty member for <u>each</u> subject to be tutored.

Jarcanal Intarmation:				
Personal Information:				
Name:		Phone:		
Address:	City:	State: Zip:		
Date: Major: _	Overall Current GPA:			
Subject(s) for Which You Are	e Applying to Tutor:			
Course(s) used to qualify fo	r tutoring (must have a B or better, may be a t	transfer course):		
Course	Grade	Semester Taken		
o be completed by the Sup	porting Faculty Member			
	oporting Faculty Member  nd support this student as a tutor for the subj	ject(s) listed above.		
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Please evaluate this student as compared to other students you have worked with:

	Superior	Excellent	Average	Poor	Cannot Evaluate
Self-motivation					
Knowledge of course content					
Dependability					
Interpersonal skills					

Supporting Faculty Name:	Telephone:		
Signature:	Date:		