FACULTY RECOMMENDATION FORM

In an effort to hire the best possible team of professionals for the Centers, we would appreciate your insights on this applicant. Please complete this form and return it to ACE, Administration Building Room 122.

Faculty Name: ___________________________ Phone Ext.: ___________________________

Department: ___________________________ Course: ___________________________

Student Name: ___________________________

List the course(s) you feel this student is qualified to tutor: ___________________________

What qualities does the applicant possess that makes him or her a strong candidate to become a tutor, coach, or supplemental instruction leader?

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