Departmental Recommendation for students applying to tutor in the Learning Enhancement Center

Students Complete:
I do ____ do not _______ waive my right to view the recommendation

Name: ____________________________
Signature: ________________________
Areas you wish to tutor:________________________________________

Faculty Member Complete:

This student wishes to apply for a tutoring position in the Learning Enhancement Center. Please briefly state your knowledge of the student's proficiency in the area(s) listed above. If you have had this student in previous courses, please list course and grade if known. Any additional information that you can provide (ability to work with other students, patience with slower learners, etc.) will be greatly appreciated.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

I do______I do not______recommend this student as a tutor for the Learning Enhancement Center in the following area(s):

Signature: ________________________ Date:_________________________