



Academic Support Center
Gordon B. Olson Library, Lower Level

PEER MENTOR RECOMMENDATION FORM

NOTE: The Family Educational Rights and Privacy Act of 1974 opens many student records for the student's inspection. The law also permits the students to waive his/her right to inspect letters of recommendation. The applicant's signature below constitutes a waiver; no signature means the student will have the right to read this reference.

Student's Signature: _____ Date: _____

Your recommendation is an important part of the application process. Please contact the Academic Support Center with any questions: 701-858-3177. Recommendations should be returned to Beth Odahlen at beth.odahlen@minotstateu.edu in Gordon B. Olson Library.

Name of Student: _____

Length of time you have known the student: _____

In what capacity have you known the student? _____

Student's E-mail: _____ Student's Phone: _____

Your Name: _____ Phone: _____

Title/Position: _____

E-mail Address: _____

Please identify the level at which the applicant has performed the qualities listed below according to the scale provided:

Skill/Quality	Excellent	Above Average	Good	Fair	Poor	No basis for judgment
Leadership Ability						
Reliability/Responsibility						
Self-Confidence						
Adaptability/Flexibility						
Emotional Maturity						
Communication Skills						
Attitude						
Academic Ability						
Cooperation with others						
Work Ethic						
Concern for others						
Integrity						
Overall ability to effectively mentor first-year students						

Please feel free to use the space below or a separate sheet to provide any other comments or additional information that will assist us in the Peer Mentor selection process. Thank You.

Signature: _____ Date: _____

Comments: