

# Minot State University Peer Tutoring

Academic Support Center

Lower Level Library

## PEER TUTORING PROGRAM FACULTY RECOMMENDATION FORM

Please complete and return to Tammy Wolf at the Academic Support Center, or [tammy.wolf@minotstateu.edu](mailto:tammy.wolf@minotstateu.edu).

The purpose of this form is to assist in evaluating peer tutor applicants. Your candid evaluation of the applicant is an important part of providing MSU students with the best possible tutoring services. Please feel free to attach an additional page with comments or concerns regarding the applicant.

*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.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Applicant's E-mail: \_\_\_\_\_

Recommender's Name & Title: \_\_\_\_\_

Department: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity have you known the applicant? \_\_\_\_\_

I recommend \_\_\_\_\_ as a tutor for the following subject(s)/course(s):  
\_\_\_\_\_

On a scale of 1-5 (1=Below Average; 2=Average; 3=Good; 4=Very Good; 5=Exceptional) please rate the applicant on the following skills:

	1	2	3	4	5	NA
Knowledge and understanding of course material						
Ability to articulate ideas and explain concepts clearly and concisely						
Demonstrates a sense of responsibility by being punctual and dependable						
Demonstrates maturity and self-awareness in interactions with others (peers, faculty, etc.)						
Overall ability to successfully serve in a tutor role						

Additional Comments:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_