



First-Year Experience

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 FYE Director with any questions: 701-858-3574. Recommendations should be returned to Old Main 101 or emailed to jessica.smestad@minotstateu.edu.

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 firstyear 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: