



Center for Academic Success and Tutoring
College Hall Suite 149
TUTOR RECOMMENDATION FORM

(Applicant's Name) _____ has applied for the position of Tutor in the following subject area(s):

1) _____ 2) _____ 3) _____ 4) _____ 5) _____

The candidate has provided us with your name as a reference to complete this Tutor Recommendation form for us. We would greatly appreciate it if you could take a few minutes to respond to the following questions. Your collaboration will help us determine the suitability of the applicant for the position sought in our office. Once completed please, submit to the address above.

The applicant **waives**, **does not waive** the right to see the statements you have made here.

Applicant's Signature:

Name: _____ Title: _____

Institution: _____ Department: _____

Tel. #: _____ Email address: _____

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

If the applicant has been a student in your course(s) please, indicate the course(s).

Is the applicant competent in the subject? Yes No Unable to judge

Comments: _____

Is the applicant capable to communicate the subject clearly? Yes No Unable to judge.

Comments: _____

Is the applicant dependable and punctual? Yes No Unable to judge

Comments: _____

Is the applicant a patient individual? Yes No Unable to judge

Comments: _____

Is the applicant personable? Yes No Unable to judge

Comments: _____

Please use this space to provide any additional information about the candidate.

Reference's Signature _____ Date: _____