

Peer Advising Liaison Recommendation Form



To be completed by applicant: (Please type or print)

Applicant's name: _____

Recommender's name: _____

Return form to applicant by: _____

To be completed by the recommender:

The applicant named above has applied for a Peer Advising Liaison position in the Undergraduate Academic Resource Center. Thank you for your time in completing this recommendation.

Please use the following scale to rate the applicant, in comparison to his/her peers, on the criteria below:

- | | | |
|--------------------------|--------------------------|-------------------------------|
| 1 - Outstanding (top 5%) | 3 - Good (top 35%) | 5 - Below Average (lower 35%) |
| 2 - Excellent (top 15%) | 4 - Average (middle 50%) | 6 - Poor (lower 5%) |

Criteria	1	2	3	4	5	6	No Basis to Evaluate
1. Ability to work with others (collaborates, relates to peers)							
2. Dependability (follows through, completes tasks proficiently)							
3. Initiative (presents new ideas, uses creativity)							
4. Independence (performs work without close supervision)							
5. Disciplined work habits (follows instructions, on-time, attendance)							
6. Quality of work (organized, accurate, thorough)							
7. Potential as a leader (uses group process effectively, self –confident)							
8. Attitude (makes positive contributions, refrains from focusing on the negative)							
9. Communication Skills (listens to others, strong written and verbal skills)							

Overall recommendation: *Without enthusiasm* *Fairly Strongly* *Very Strongly*

Recommender's Signature _____ Date: _____

Relationship to the applicant: _____ Phone or email: _____

Please provide additional comments you feel would be helpful in our evaluation of this candidate:

Feel free to use the other side if needed.