

# UNIVERSITY OF MARY WASHINGTON

## Office of Academic Services Tutorial Program Faculty Recommendation

\_\_\_\_\_ has applied to be a tutor.  
Student's Name

For the following courses:

\_\_\_\_\_

\_\_\_\_\_

Please indicate your level of confidence in this student's ability to perform tutoring duties by checking the appropriate statement below:

- \_\_\_\_\_ Highly recommend
- \_\_\_\_\_ Recommend
- \_\_\_\_\_ Recommend with reservations
- \_\_\_\_\_ Do not recommend

Please feel free to make any additional comments concerning this student's abilities as a tutor.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_ Department \_\_\_\_\_

Signature \_\_\_\_\_

**Please return this recommendation to:**  
**Academic Services**  
**George Washington Hall, Room 203**  
**X1010**