



Office of Academic Services

Tutorial Program

Faculty Recommendation

_____ has applied to be a tutor for the following course(s):

Student's Name

Course(s)

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

Date _____

Please return this recommendation to:

Academic Services

Lee Hall 206.8

540-654-1010