Success 101 Peer Instructor Recommendation Form

Name of Applicant: __________________________________________________
Name of Reference: __________________________________________________
Phone Number: ______________________________________________________
Department/Position/Title: _____________________________________________

Please answer the following questions: (If additional pages are added, please include name of applicant)

- How long have you known the applicant and in what capacity?

- Please comment on the applicant’s interpersonal skills as they relate to successfully helping incoming students of diverse backgrounds, first-generation students, and underrepresented students acclimate to life at ISU socially, academically, and personally:

- Please comment on the students leadership skills:

- Please provide any additional comments about the applicant that you think will assist the committee in making its selection:

Please check the following rating of the applicant:
___Do not recommend ___Recommend with reservations ___Recommend ___Highly Recommend

REFERENCE SIGNATURE: _____________________________________________Date:_________________

The completed form may be returned to the applicant in a sealed envelope or mailed by April 8, 2011 directly to:
Julia N. Visor Academic Center
Success 101 Peer Instructor Application (Attn: Christa Platt)
CAMPUS BOX 4070
Vrooman Center 0012
NORMAL, IL 61790-4070

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