University of Central Florida
Student Academic Resource Center
Faculty Recommendation Form

Student Applicant: ______________________  Course / Subject: ______________________

Faculty Name: ______________________ Department: ______________________  Extension: ______

Dear Faculty Member: The above student has applied for a position as a peer tutor with SARC. In order to ensure the quality of our academic support program, we require potential candidates for peer tutoring positions to provide this recommendation form, completed by a member of the UCF faculty along with their application for employment.

To the best of your knowledge please evaluate the competency of this prospective tutor’s ability in the aforementioned course(s).

<table>
<thead>
<tr>
<th>Mastery of subject</th>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>Unable to Evaluate</th>
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<tbody>
<tr>
<td>Ability to apply subject knowledge</td>
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<td>Ability to communicate ideas</td>
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<td>Level of responsibility</td>
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<td>Integrity and ethics</td>
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<td>Interaction with other students</td>
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</table>

_____ I highly recommend this student for consideration as a peer tutor with SARC.

_____ I recommend this student for consideration as a peer tutor with SARC with reservation.

_____ I do not recommend this student as a peer tutor with SARC.

Additional Comments:

Signature: _________________________________  Date: ___________  Dept: ______________

Please complete this form on behalf of the student applicant, sign it and return it in a sealed envelope with your signature across the seal. You may allow the student to return the form or you may mail to:

Dr. Ana C. Mack, Assistant Director of SARC
University of Central Florida
P.O. Box 163115 Howard Phillips Hall Room 113
Orlando, FL 32816-3115

Thank you for the time and consideration you will give this matter.
Sincerely,
Ana C. Mack

Division of Student Development and Enrollment Services