



Learning Assistance Center
Peer Tutoring Program
Academic Reference Form

To the Applicant:

Applicant Name (Please Print): _____

In compliance with federal law, the Family Education Rights and Privacy Act (FERPA), you have the right to review all university files and documents concerning you, including reference materials written about you. You are not required to waive your right to review letters of recommendation used for employment purposes by the Learning Assistance Center. However, keep in mind that evaluative/reference materials may carry more weight if you have waived access to the materials.

- Yes, I waive my right to access this form. (The student may not see the recommendation.)
No, I DO NOT waive my right to access this form. (The student may see this recommendation.)

Signature _____ Date _____

The applicant named above is applying for a position as a peer tutor for the following courses:

To the Recommender:

You have been asked to provide a recommendation for employment as a Peer Tutor at the Learning Assistance Center. The Peer Tutoring program provides individual tutoring services to UC students in more than 300 courses offered at the University of Cincinnati. Please rate and comment on the capabilities of the applicant, as appropriate.

Name of Recommender: _____ Email: _____

Department: _____ Telephone: _____

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

Please rate the applicant on the following criteria, comparing to other students with whom you have worked.

Table with 6 columns: Criteria, Exceptional, Above average, Average, Below average, Cannot evaluate. Rows include: Mastery of course content, Ability to think critically, Effective communication, Sense of responsibility, Ability to work with others, Motivation and Initiative.

Please select one:

- I highly recommend this student for the position of Peer Tutor with the Learning Assistance Center.
I recommend this student for the position of Peer Tutor with the Learning Assistance Center with reservation.
I do not recommend this student for the position of Peer Tutor with the Learning Assistance Center.

Additional comments: _____

The above recommendation is based on my best judgment. I am willing to answer additional questions concerning this evaluation.

(Signature of recommender) _____ (Date) _____

Thank you for taking the time to complete this recommendation form. You may return this form to the applicant in a sealed envelope, or you may send it directly (via campus mail, fax, or email) to:

Rebecca Elliott, Program Coordinator for Peer Tutoring, Learning Assistance Center, 2441 French Hall; ML: 0221; Fax: (513) 556-0823; Email: rebecca.elliott@uc.edu.