



BIOLA

UNIVERSITY

Learning Center Tutor Recommendation Form

To be completed by applicant:

Name _____ Phone Number _____
ID Number _____ Major _____ Level/year _____

Position applied for: _____

To the Applicant: Two recommendations must be submitted. One recommendation must be from a faculty member in the subject you wish to be considered. The other one can be from additional faculty members, professional staff, previous employee or RA/RD.

Please Note: We will not accept recommendation from family members or friends/peers

To be completed by: (please check one) Faculty ___ RD/RA ___ Personal ___ Other ___

Name: _____ Phone Number: _____

Department: _____ Institution: _____

1. In what capacity do you know the applicant? How much contact have you had with the applicant?

2. Please assess the applicant based on each of the following traits. Circle your rating (i.e., 1 = low, 5 = high). Please answer only when you feel qualified and add any comment you wish to make.

Knowledge of Content/Subject: 1 2 3 4 5

Communication Skills: 1 2 3 4 5

Sense of Responsibility: 1 2 3 4 5

Friendliness and Tactfulness: 1 2 3 4 5

Acceptance by Peers (i.e., social or relational skills): 1 2 3 4 5

Sensitivity to the Problems and Situations of Others: 1 2 3 4 5

3. Please discuss specific concerns regarding this applicant (if any):

Additional Comments (i.e., strengths and weaknesses):

Please circle one: I (highly Recommend, recommend, cannot recommend) this applicant
for a position in Learning Assistance Services.

Signature

Please return recommendation form in a sealed envelope to:

Biola Learning Center
13800 Biola Ave.
La Mirada, CA 90639
(562) 906-4542 (office)
(562) 906-4543 (fax)