

Name of applicant:							
In what capacity do you kn							
How long have you known	the applican	t?					
Please assess the applicant	t in the follow	ing cate	egories	by plac	cing an "X" in the app	ropriate column:	
Category	Excellent	Good	Fair	Poor	No Basis for Judgment	Comments	
Academic Ability					3		
Critical Thinking							
Ability to Work Independently Judgment Skills							
Professionalism							
Verbal Expression of Ideas							
Written Expression of Ideas							
Interpersonal Skills							
Name:							
Academic Department:							
Email Address:	Phone Number:						
Please include any pertine	nt informatio	n regard	ding th	e applic	ant's qualification to	work as a tutor:	
Signature:	ure: Date:						

Please return the completed recommendation form to the applicant in a sealed envelope or send it directly to the Academic Center for Excellence in SP1-208, OR1-208, or STC-132. You can also scan it and email it to Ann Lyons at alyons@germanna.edu. Thank you for your assistance!