

Center for Achievement, Retention and Student Success

Office Suite LI 70

(518) 437-4442

TUTOR RECOMMENDATION FORM

Notice to the Applicant: Please complete the section below and forward this form to each individual who will serve as a reference. You should also provide a stamped envelope if the letter is coming from outside UAlbany. When you receive the completed reference, submit it with your completed application unless the recommender is submitting their letter directly to the CARSS office.

Name of Applicant: _____
Last (Family) First Middle Initial
Name of Reference: _____ Occupation of Reference: _____
(Please print)

Confidentiality: The Family Education Rights and Privacy Act of 1974 (FERPA), as amended, and the University guidelines permit enrolled students access to letters of recommendation retained in their files. The applicant may waive this right of access, in which instance, retained letters will be considered confidential and will typically not be available to students. If you wish to waive your right of access to this letter, please indicate by signing your name on the line below. By signing below, you agree to waive all right to review the content of this letter of recommendation.

Applicant Signature

Date

For Recommender

In an effort to gain an accurate assessment of student ability, CARSS would appreciate your comments on this prospective tutor. For your information, our tutors must meet the following requirements:

- ❖ Enrolled as a University at Albany student
- ❖ Completed the course(s) at the University at Albany
- ❖ Earned a grade of B+ or better in the course(s) he/she wishes to tutor
- ❖ Maintained a minimum of 3.00 overall GPA
- ❖ Minimum of Sophomore standing
- ❖ Faculty recommendation(s)

Please complete this form and return it in an envelope signed across the seal to the student or to the CARSS office, LI 70, Attn: Dianne Jester. If you have any additional information that you would like to provide, please feel free to call me at the above number, or email me at djester@albany.edu. We appreciate your support of our Center and look forward to working with you. Thank you for your time.

Faculty Name: _____

Department: _____

Student Name: _____

Please list courses you feel this student is qualified to tutor: _____

Please rate the student on the following:
(1- Minimal through 5-Maximal)

- | | | | | | | |
|----|-------------------------------------|---|---|---|---|---|
| 1. | Knowledge of Material | 1 | 2 | 3 | 4 | 5 |
| 2. | Ability to teach material to others | 1 | 2 | 3 | 4 | 5 |
| 3. | Interpersonal Skills | 1 | 2 | 3 | 4 | 5 |
| 4. | Reliability | 1 | 2 | 3 | 4 | 5 |
| 5. | Maturity | 1 | 2 | 3 | 4 | 5 |

Specific examples of student's strengths:

Specific examples of student's weaknesses:

Additional Comments or concerns:

Faculty Signature

Date