



## Tutor Recommendation

*Please type or print clearly.*

**Student**

*My signature below indicates that I am granting access to my student records to the Peer Tutoring Coordinator.*

*Disciplines and/or courses I feel qualified to tutor are:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Student Signature*

\_\_\_\_\_

*Date*

**Faculty**

Dear Instructor or Professor:

Your name has been submitted as a reference for a student to verify their expertise and tutoring ability in the subject/s listed above. Please use this form as a check list and feel free to add comments or call me at 569-3370. Thank you for your assistance.

*Pattie Hornbeck  
Peer Tutoring Coordinator  
pmhornbeck@ualr.edu*

<i>Qualifications</i>	<i>Highly recommend</i>	<i>Recommend</i>	<i>Do not recommend</i>	<i>Insufficient information</i>
Capable of tutoring subjects indicated above.				
Able to communicate and relate meaningfully to other students.				
Responsible and able to work unsupervised.				

\_\_\_\_\_

*Faculty Signature*

\_\_\_\_\_

*Date*

*Additional comments:*

\_\_\_\_\_

\_\_\_\_\_