

Office of the Dean of Students
 George Sherman Union
 775 Commonwealth Avenue
 Boston, MA 02215
 t. 617-353-7077
 f. 617-353-5960



Faculty Recommendation for Peer Tutoring Program

To be completed by applicant:

Name _____ BU ID: U _____ - _____ - _____
 College/School _____ Major _____

I would like to be a peer tutor in the following courses (include course abbreviation and number):

Please note that we require at least one faculty recommendation per course

To be completed by faculty member:

Your confidential appraisal of this student is greatly appreciated. Please return this form to the Peer Tutoring Program, Educational Resource Center, 775 Commonwealth Ave, 4th Floor. You may also fax it to us at 617-353-5960. Please do not return this to the student. Thank you.

1. Please comment on the student's academic abilities and personal strengths.

2. Please rate the student in the following categories for his or her proposed area of tutoring:

	Superior	Average	Below Average
Knowledge of Subject			
Communication Ability			
Potential as a Tutor			
Maturity/Accountability			
Enthusiasm for Subject			

Please check the box that best reflects your professional opinion for this student being hired as a Peer Tutor

- Highly recommend Recommend
 Recommend with reservations Cannot recommend

Signature _____ Name (printed) _____

Department _____ Title _____

Today's Date _____ Email _____ Phone _____