PEER MENTOR RECOMMENDATION FORM

Name of Applicant_________________________________________________________
BU ID#:____________________ Major______________________GPA________________

To the potential peer mentor: Please fill out the top part of this form and email it to the faculty member, administrator or employer who will be writing your recommendation. Give it to them at least 3 weeks in advance of the deadline.

To the recommender: The person named above is applying for a position as a peer mentor for the College of Health and Rehabilitation Sciences: Sargent College and has asked you to provide a recommendation for him/her. We are looking for students who serve as role models for incoming students, who give advice about the most effective way to make the most of the college experience. They offer study groups, focus groups, registration parties in conjunction with faculty advising, and mentoring within the Freshman Experience Seminar. The Peer Mentors also serve as Big Siblings to the freshmen and incoming transfer students. Students must have sophomore standing with a minimum 2.7 GPA to apply. Please return this form and any attachments to Katelyn Flaherty, katefla@bu.edu, by March 16, 2018.

1) How do you know the applicant?________________________________________________________

2) On a scale from 1-5 with 5 being exceptional and 1 being inadequate, please rate the following qualities:
   a. Ability to act as a role model for a group of 5-8 students____________________
   b. Approachable and friendly_____________________________________________
   c. Ability to motivate others_____________________________________________
   d. Ability to work independently________________________________________
   e. Initiative in seeking out resources_______________________________________
   f. Reliability/Dependability______________________________________________
   g. Motivation to stay involved____________________________________________
   h. Quality of relationships with peers_____________________________________
   i. Sensitivity to others’ needs____________________________________________

3) Do you have any comments you would like to add that would be useful in evaluating this student to be a potential Peer Counselor? (please feel free to use a separate sheet if necessary)

4) Please circle the most appropriate statement as regards to this student’s potential as a Peer Counselor:
   a. I strongly recommend this applicant
   b. I recommend this applicant
   c. I recommend this applicant with reservations (which I have discussed above)
   d. I do not recommend this applicant

__________________________________  __________________________________________
Recommender’s Name  Title/Department/Company

___________________________________________
Telephone number  E-mail

___________________________________________
Signature  Date