

Instructor Recommendation Form

| Date: | | | | | |
|---|--|--|--------------------|-------------------------|-------------------|
| То: | | | _ | | |
| School:_ | | | | | |
| From: | Elizabeth Kozel, District Tutorial Coordinator, LAS | | | | |
| Subject: | Verification of Subject Area Competence of ASC Tutor Applicant | | | | |
| academ | nic compete | ess Center policy req nce in the subject are faculty member in t | ea they wish to to | utor by having receive | ed a grade of |
| | assist us by e earliest conv | completing the inforr enience. | nation below and | d returning it to the A | SC Office, 420 M, |
| commer | nts. Thank yo | able at extension 537 u for your assistance | and continued s | upport of the LAS. | |
| | | Tutorial Center Coordi | | | |
| From: | rom: Ext: | | | | |
| | | (Please print) | | | |
| Subject: | Student Rec | ommendation for Empl | oyment as an ASC | Tutor | |
| Student's | Name: | | | | |
| Course(s) |): | | | | |
| | | | | | |
| I endorse this student to tutor the above subject(s). | | | | | |
| I do not endorse this student to tutor the above subject(s). I wish to further discuss this recommendation. Please contact me. | | | | | |
| | | I wish to further discuss | s this recommendo | tion. Please contact me | 2. |
| Commen | ts: | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Instructor's Signature | | | | Date | |