NICHOLLS STATE UNIVERSITY TUTORIAL & ACADEMIC ENHANCEMENT CENTER

PEER TUTOR REFERENCE FORM

First Name: MI: Last Name:

The person named above has given your name as a reference on his/her application for employment as a peer tutor in the Tutorial & Academic Enhancement Center at Nicholls State University. All information received will be kept confidential. This applicant cannot be hired until you return this form.

**TO BE COMPLETED BY PERSON GIVING REFERENCE:**

1. How long have you known the applicant?
2. What is your relationship with the applicant? (Teacher, Employer, Neighbor, etc.)
3. Is this person suitable for work with other students. If not, list reason or explain.
4. Would you hire this person to work with you?

 Excellent Good Fair Poor Unable to Judge

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Motivation |  |  |  |  |  |
| Maturity |  |  |  |  |  |
| Energy/Enthusiasm |  |  |  |  |  |
| Acceptance of Supervision |  |  |  |  |  |
| Leadership |  |  |  |  |  |
| Responsibility |  |  |  |  |  |
| Communication Skills |  |  |  |  |  |
| Relationship with Others |  |  |  |  |  |
| Cooperation |  |  |  |  |  |
| Punctuality |  |  |  |  |  |
| Mastery of Subject |  |  |  |  |  |
| Overall Evaluation |  |  |  |  |  |

 Please comment on the applicant’s suitability for employment:

Name of Reference:

Please provide contact information should we have additional questions.

Phone Number (s)

E-Mail

Please submit to: Tutorial and Academic Enhancement Center Nicholls State University

P.O. Box 2008

Thibodaux, LA 70310

tutoring@nicholls.edu