Academic Achievement Center
Tutorial Service
Faculty Recommendation Form

For tutor to complete:

Name: _____
(Last) (First)

Banner ID# _____

Course #_____ Course Title_____

Course #_____ Course Title_____

Course #_____ Course Title_____

Faculty Members of Bridgewater State College

Our office has received an application for the above student to tutor in your subject area. We rely on faculty members to evaluate a tutor applicant's subject knowledge and relate that background to the courses he/she could tutor at Bridgewater State College.

We sincerely appreciate your efforts to help us provide high quality tutoring to BSC students. If you have any other questions please contact us at 508/531-1214.

	Excellent	Good	Fair	Poor
Knowledge of subject matter	_____	_____	_____	_____
Communications Skills	_____	_____	_____	_____
Student's level of responsibility/reliability	_____	_____	_____	_____
Student's concern for education	_____	_____	_____	_____
Ability to communicate effectively with Instructor	_____	_____	_____	_____

What other qualities do you see in this individual that would aid in tutoring others?

_____

_____

_____

_____

Instructor signature: _____ Date: _____

Print name: _____