Note to Faculty: Please return to the applicant in a sealed envelope with your signature across the seal. The applicant will turn in this recommendation form to the Student Success Center. The application deadline is March 21st, so we ask that you return the complete recommendation form to the student prior to that date.

Name of Applicant

Course

Name of Recommender

Title of Recommender

How long have you known the applicant?

In what capacity have you known the applicant?

Please rate the applicant in the following areas. Base your ranking in comparison to other students.

| Subject Knowledge - relevant knowledge pertaining their role with the Student Success Center | Unknown | Below Average | Average | Above Average | Superior |
| Communication - Articulates the concepts necessary to explain the concept effectively express his/her ideas | Unknown | Below Average | Average | Above Average | Superior |
| Professionalism - Demonstrates responsibility and dependability. Is conscientious and self-motivated. | Unknown | Below Average | Average | Above Average | Superior |
| Interpersonal skills - Displays ability to relate to other students, build rapport, and express cultural sensitivity | Unknown | Below Average | Average | Above Average | Superior |

In the space below or on an additional piece of paper, please provide any additional comments on the individual’s attitude, strengths, and weaknesses as they relate to the SSC Peer Leader Position to which this applicant is applying.

Overall Recommendation of this candidate:

Highly Recommend

Recommend

Recommend with Reservations

Do not Recommend

Signature: ____________________________

Date: ____________

Department/Role: _______________________

If you have any questions or comments please contact Dana Jablonski, Jablonsk@mailbox.sc.edu.