

SUPPLEMENTAL INSTRUCTION LEADER **FACULTY RECOMMENDATION FORM**

Drop off: Attn: Supplemental Instruction OR Email to: siprogram@uhd.edu

Room: UHD, OMB, S405

Recommender: If you wish, you may also attach for your time.	a recommend	dation letter. Be sui	re to sign and d	late your letter. Thai
Name of SI Candidate:				
Name of Recommender:				
Position:	Office Number:			
In what capacities have you known the applicant?				
Please share your opinion of this applicant with us. F this applicant to other undergraduates you have work			descriptor.	
	0	1 - 6xcenent	2 - good	3 - madequate
academic abilities		<u> </u>		
ability to work well with others				
ability to demonstrate initiative/self-sufficiency				
motivation / perseverance toward educational goals				
writing skills				
time management skills / punctuality				
commitment to work				
flexibility/versatility				
eadership skills and potential				
work ethic and attitude				
leadership skills and potential work ethic and attitude Please indicate your evaluation of this applicant's pot A. OUTSTANDING CANDIDATE. An SI program B. STRONG CANDIDATE. This student is above C. ACCEPTABLE CANDIDATE. Guarded optimis D. UNACCEPTABLE CANDIDATE. Unlikely to be	should activel average and sm. Might nee	ly recruit this student. will probably do well ed extra support if hire	as an effective S ed.	SI leader.
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Signature of Recommender:			Date:	