

RECOMMENDATION FORM FOR STUDENT SUCCESS CENTER TUTOR OR SUPPLEMENTAL INSTRUCTION COACH POSITION

Applicant Name: Recommendation Due Date: ASAP				
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Recommender Name:				
Phone Number:	E-mail:			
Under provisions of the Family Educational Rights and Privacy Act of 1974 (P.L. 93-380), students have the right to examine the contents of their files, including letters of recommendation. However, applicants may waive their right to see letters of recommendation, whereupon such letters will be held in confidence. If an applicant does not waive his/her right to examine a letter of recommendation or if the applicant does not sign the waiver, the letter of recommendation is considered accessible to the applicant. I waive my right to examine the following letter of recommendation. I do not waive my right to examine the following letter of recommendation.				
			Applicant's Signature	Date
TO THE RECOMMENDER:				
Coach in the Student Success Center at	for a position as a Tutor or Supplemental Instruction Compton College and has asked you to provide a ity and potential as an employee in the SSC.			
The SSC is grateful for your recommen	dation of this applicant. We are especially interested in			
	all ability and potential for success as a Tutor or			
	or in your comments is essential for fairness to both the			
Please return to: Compton College Student Success Co 1111 E. Artesia Blvd. Compton, CA 90221	enter (2 nd Floor)			
Or email: Shalisa Hodge, SSC Coord	inator, at shodge@compton.edu .			
Please indicate how well you know this per	rson and in what capacity.			



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If you have known this person in a work or leadership position, please describe the roles and responsibilities of the applicant		
Supplemental Instruction Coach. You are	nic skills that would qualify him/her for employment as a Tutor or welcome to provide a more detailed assessment on a separate r sections below and attach the sheet with your comments to this	
	etion Coach positions require exceptional interpersonal and the with the applicant, please comment on his/her ability to work	
In what areas does this applicant excel, ar	nd in what areas are improvements needed?	
Overall Recommendation (please check of I recommend without reservation I recommend with some reservation I do not recommend that the apple	that the applicant be hired.	
Signature:	Date:	
Printed Name:	Position /Title:	