STUDENT EMPLOYMENT RECOMMENDATION

Applicant Name: ________________________________________________________________________

Recommendation Due Date: __________ASAP________________________________________________

Recommender Name: ____________________________________________________________________

Phone Number: _____________________    Email: ____________________________________________

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

This cover-page should be submitted along with the recommendation form by the recommender.
TO THE RECOMMENDER:

The applicant named above is applying for a position with the Learning Resource Center (LRC) at the University of Massachusetts Amherst, and has asked you to provide a recommendation regarding his/her ability and potential as an employee at LRC.

- LRC is grateful for your recommendation for this applicant. We are especially interested in your judgment of the applicant’s overall ability and potential for success as a Supplemental Instruction Leader, or ExSEL / Peer Tutor.
- Candor in your comments is essential for fairness to both the applicant and the position to which the applicant is applying.
- Please make no statement that would indicate the applicant’s race, religion, or national origin.

To Return:

Mail to:

Learning Resource Center, 1020 W.E.B. Du Bois Library
154 Hicks Way, University of Massachusetts Amherst, MA 01003

-OR-

Email a scanned PDF copy of this form to: lrc@umass.edu

- Please indicate how well you know this person and in what capacity.

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

- If you have known this person in a work or leadership position, please describe the roles and responsibilities of this applicant.

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________
- Please comment on the applicant’s academic skills that would qualify him/her for employment with an academic or research support program. You are welcome to provide a more detailed assessment on a separate sheet. If you do, please complete the other sections below and attach the sheet with your comments to this form.

__________________________________________________________________________________________________

__________________________________________________________________________________________________

- Positions with the LRC require good interpersonal and communication skills. In your experience with the applicant, please comment on his/her ability to work with a diverse population.

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

- What are the applicant’s strengths and in what areas are improvements needed?

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

Overall Recommendation (please check only one):

_____ I recommend without reservation that the applicant be hired.

_____ I recommend with some reservation that the applicant be hired.

_____ I do not recommend that the applicant be hired.

Signature: ____________________________  Date: ____________________________

Printed Name: ____________________________  Position/Title: ____________________________