Faculty Endorsement Form

Student’s Name: ____________________________ Endorser’s Name: ____________________________

Academic Department: ____________________________ Title: ____________________________

Endorser’s Email Address: ____________________________ Endorser’s Phone Number: ____________________________

How long have you known this student? ____________________________________________

In what capacity have you observed this student? ____________________________________________

For which course(s) would you recommend this student as a tutor? ____________________________

Please check the appropriate rating for each attribute for this student:

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<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Exceptional</th>
<th>Unable to Judge</th>
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<tbody>
<tr>
<td>Dependability</td>
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<td>Academic Abilities</td>
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<td>Oral Communication</td>
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<td>Written Communication</td>
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</tbody>
</table>

Endorser’s Signature: ____________________________ Date: __________

Thank you for your feedback! If you would like to provide additional comments, please attach a letter.

Please return your endorsement to:
Center for Academic Excellence, Undergraduate Tutorial Program, 3rd Floor Axinn Library
Email: UTP@hofstra.edu ● Phone: (516) 463-4002 ● Fax: (516) 463-4049

Date Received by UTP: __________

Rev. Jun-17