



SUNY Orange *Peer Advisor* Faculty Recommendation Form

Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Name and Title of Reference Provider: \_\_\_\_\_

Capacity in which you know applicant: \_\_\_\_\_

Please rate the applicant to the best of your ability on the following characteristics (5 being the highest and 1 being the lowest):

Leadership qualities	5	4	3	2	1
Honesty	5	4	3	2	1
Ability to work with peers	5	4	3	2	1
Ability to grasp new concepts	5	4	3	2	1
Reliability	5	4	3	2	1
Communication Skills	5	4	3	2	1

Additional comments:

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Signature

Date