

Western New England University

Peer Advising Program Reference

The student named below has filed an application for a position of Peer Advisor. As part of the applicant review process, attention is paid to observations of faculty, staff, and student leaders. Please help us with this evaluation by completing the information below. **Please return application references no later than Monday, February 4th, 2019.** Permission has been obtained from the applicant to release academic and personal information.

Applicant: I hereby waive my right of access to this information: YES NO
(circle one)

Applicant Signature: _____

Name of Applicant _____

How well acquainted? 1 2 3 4 5
only casual very well

How long have you known the applicant? ½ 1 2 3+ (years)

Comment briefly about the following characteristics. (2-3 sentences) If unable to comment, leave blank.

Personal Integrity/Industry/Persistence: 1 2 3 4 5
Questionable Good Exceptional

Comments:

Academic Accomplishment/Promise: 1 2 3 4 5
Questionable Good Exceptional

Comments:

Interpersonal Skills/Self Confidence: 1 2 3 4 5
Questionable Good Exceptional

Comments:

Mentoring Capacity: 1 2 3 4 5
Questionable Good Exceptional

Comments:

Communication Skills: 1 2 3 4 5
 Questionable Good Exceptional
Comments:

Ability to work independently: 1 2 3 4 5
 Questionable Good Exceptional
Comments:

Please comment on the applicant's ability to balance academics, leadership roles, and personal responsibilities:

Please comment on the applicant's commitment within activities or classes:

Overall Rating: 1 2 3 4 5
 Marginal Good Exceptional

Additional Comments:

Submitted by (Please Sign): _____
Please Print Name: _____

Please return references to the Office of First Year Students and Students in Transition (CC 137) no later than Monday, February 4th, 2019.

Thank you for your time!

Note: This information is routinely destroyed after the selection process is complete.

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