PEER MENTOR/ORIENTATION LEADER
LETTER OF RECOMMENDATION

Candidate’s Name: ____________________________ Date: ____________________
(Please print.)

To the Applicant:

Under the terms of the Family Education Rights and Privacy Act of 1974, as amended with regard to this reference:

Please check one:  ☐ I WAIVE my right to view this reference.
☐ I RETAIN my right to view this reference.

After completing this section, please give this form to the intended author of the reference. He/she will return it directly to Wendy Krisak in the Student Affairs Department. This reference will be used strictly as a part of the selection process and no other purpose.

Candidate’s signature: ____________________________ Date: ______________

To the Reference:

The Student Affairs Department at DeSales University will be supervising a group of Peer Mentors as part of the First Year Experience Program, Character U. This group of students will help make a connection between first-year students and DeSales University. They will be specifically selected, trained and given on-going supervision.

This is the position for which you have been asked to evaluate the above named candidate. This evaluation should be mailed or dropped off directly to Wendy Krisak in the Student Affairs Department located in McShea Student Center. This reference will be handled in a confidential manner. We appreciate your honest evaluation of this candidate. If you have any questions, please call 610-282-1100 ext. 1462.
How long and under what circumstances have you known the applicant?

Explain why you judge this person as qualified or not qualified to be involved in the Peer Mentor Program. (Please feel free to attach a more detailed letter of recommendation).

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<th>Quality</th>
<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>No Basis for Judgment</th>
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<tr>
<td>Makes favorable impressions</td>
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<td>Self-motivating</td>
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<td>Dependability</td>
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<td>Flexibility</td>
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<td>Interpersonally effective</td>
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<td>Sensitive and responsive to others</td>
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<td>Able to work effectively in ambiguous and/or stressful situations</td>
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Based on your knowledge of this applicant, how successful do you think this person would be as Peer Mentor? *(Please circle one.)*

1  2  3  4  5
Very Successful  Average  Not Successful

Rater’s Signature

Date

Rater’s Name *(Please print.)*

Title and/or Position:

Address:  Phone:

Please return to:
Wendy S. Krisak, M.A.
Student Affairs Department
DeSales University
2755 Station Avenue
Center Valley, PA 18034
610-282-1100, ext. 1462
Wendy.Krisak@desales.edu