



Fresno City College

ACADEMIC REFERENCE FORM

THIS ACADEMIC REFERENCE FORM IS CONFIDENTIAL. THE APPLICANT SHOULD NOT VIEW THIS FORM AFTER IT HAS BEEN COMPLETED. THE APPLICANT SHOULD ONLY SUBMIT THIS FORM IN A SEALED ENVELOPE. INSTRUCTORS MAY SUBMIT VIA EMAIL (ERIC.SANDERS@fresnocitycollege.edu)

TUTOR INFORMATION

Please ask a faculty member to complete and sign this form.

Student Name (Please print)		Student ID Number	
Course(s) you completed with this instructor		Course(s) you wish to tutor	

INSTRUCTOR INFORMATION

This applicant is interested in a tutor position at the FCC Tutorial Center. Faculty recommendations are necessary to verify content knowledge and distinguish between highly qualified candidates. Please assist us by completing the form below. Please include any relevant academic and personal characteristics you've observed in or out of class in the Additional Information section.

Instructor's Name (Please print)	
Phone Number/Extension	
E-mail	
How long have you known this student?	

INSTRUCTOR RATING

	Unknown/ Unable to Rate	Poor	Satisfactory	Good	Excellent
Ability to communicate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility/maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Class attendance/punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Class participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to complete assignments in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential to teach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL INFORMATION

Relevant academic and personal characteristics you've observed	
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SIGNATURES

Signature		Date	
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Please return completed recommendation form to:

Fresno City College. Student Learning Support Services. Eric Sanders, Tutorial Center Coordinator. 1101 E. University Ave, Fresno, CA, 93741. Room LI-134. Or email eric.sanders@fresnocitycollege.edu

559.442.8209