Faculty Recommendation for Probation Peer Mentor Position

Students: Give this form to a Chapman University faculty member.

Student's Name: __________________________

Faculty: The above student has applied for a position with the Academic Advising Center as a Probation Peer mentor. The Peer Mentors serve in a leadership role and collaborate with the academic advisors throughout the semester to help students on academic probation develop academic success skills such as time management, reading strategies and study skills. Mentors will receive weekly training on how to best support these students. Your input is an essential part of the application process as we strive to select the most qualified student leaders. Please provide a candid evaluation of this student's potential to serve effectively in this role. Thank you for your time.

After completing and signing the form, please scan and email to: quinlan@chapman.edu or you may return to the student. If you prefer, you may mail to: Irene Quinlan, AAC Probation Program Coordinator, AAC, Beckman 406

Please check the category that indicates your perception of this student in each area.

<table>
<thead>
<tr>
<th>Category</th>
<th>Fair</th>
<th>Good</th>
<th>Excellent</th>
<th>No Opinion</th>
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<tbody>
<tr>
<td>1. Academic motivation</td>
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<td>2. Responsibility</td>
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<td>3. Written and Verbal communication skills</td>
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<td>4. Initiative</td>
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<td>5. Leadership skills</td>
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<td>6. Interpersonal skills</td>
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How long have you known the student and in what capacity?
__________________________________________________________________________________________________________________________________________
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Do you have any concerns about this student’s ability to mentor?
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What is your overall assessment of the student’s academic and professional fit for the mentor program?
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If you would like to make additional comments about the applicant, please attach a separate sheet.

Please feel free to contact Irene Quinlan in the Academic Advising Center if you have any questions: 714-744-7959 or quinlan@chapman.edu.

Faculty Name: ___________________________ Dept: _________________________________

Faculty Signature: ___________________________ Date: _________________________________

Phone: _________________________________ Email: _________________________________

5/8/2015 AAC