★ Orientation Assistant Recommendation Form ★
★ Summer 2009 ★
Advisement and Transition ★ Memorial Library, A-111 ★ 753-4726

Applicant Name: _____
(first) (last)

☐ I waive my right to view this form ☐ I do not waive my right to view this form

Applicant Signature: _____ Date: _____

To the Evaluator: The student listed above is applying for the position of Orientation Assistant at SUNY Cortland. If chosen, this student will work with our summer Orientation program helping new students and their families learn about and adjust to the Cortland community. OAs serve as a resource, reference, and role model for student concerns related to academic procedures, college policies, and social adjustment. Please comment on the capabilities of this individual based on your interactions. Thank you for your assistance in our selection process. (Please use the back of this sheet if necessary or attach a letter of reference.)

Name of Reference: _____

E-Mail: _____ Phone Number: _____

Position/Title: _____

How long have you know the applicant? _____ In what capacity do you know the applicant? _____

Please identify the level at which the applicant has performed the qualities listed below according to the scale provided:

Skill	Excellent	Good	Average	Fair	Poor	No basis for judgment
Communication Skills						
Reliability/Responsibility						
Self-Confidence						
Adaptability/Flexibility						
Maturity						
Leadership Potential						
Attitude						
Cooperation with Others						
Receptive to Differences						

Please list those personal characteristics you believe this candidate possesses that would be beneficial to the Orientation program.

Please list any personal characteristics you believe may deter this candidate from being a successful Orientation Assistant.

Please provide any additional information on the applicant's abilities and potential to succeed in this position on the reverse of this sheet.

Based on your knowledge of the applicant, as well as the type of position for which s/he is applying, please indicate your overall recommendation of how this person will function in this position:

☐ Recommend Highly ☐ Recommend ☐ Recommend with Reservations ☐ Not Recommend

Signature: _____ Date: _____

Please return this Recommendation Form to Advisement and Transition, Memorial Library, A-111 by Friday, March 6, 2009. Thank you!