

## Peer Advisor Reference Form, Fall 2020

The **Center for Student Success and Office of Academic Advising** seek undergraduate students with strong interpersonal skills and an interest in supporting fellow students for the 2020-2021 academic year.

Peer Advisors serve as an extension of the professional advising staff. Peer Advisors provide holistic, strengths-based support to fellow students in the areas of advising, registration, and college-level academic skills. Peer Advisors will provide academic coaching services in the Center for Student Success and drop-in advising support in Wooster. Peer Advisors represent a variety of majors and backgrounds.

Please list information for and provide the reference form to two faculty, staff, supervisors, mentors or coaches who can speak to your academic skills and leadership potential. References should send the form directly to the Center.

Candidate's Name:				
I request that		com	plete this form as c	reference of my
candidacy for a Peer Advisor position.				
Candidates: Check one of the spaces below.				
Under the provisions of the Family Educationa	ıl Rights and Privac	cy Act:		
I have retained my right of access to thi	is reference.			
I have waived my right of access to this	reference.			
Date: Candidate's Signature:				
Date: Candidate's Sign	ature:			
Please rate the candidate according to the fo				
<del>-</del>		lease chec	k appropriate box)	
<del>-</del>	ollowing criteria (p	lease chec	k appropriate box)	:
Please rate the candidate according to the fo	ollowing criteria (p	lease chec	k appropriate box)	:
Please rate the candidate according to the fo	ollowing criteria (p	lease chec	k appropriate box)	:
Please rate the candidate according to the formunication Skills	ollowing criteria (p	lease chec	k appropriate box)	:

Please describe this student's ability to relate and to build relationships with peers (consider rapport, trust, etc.).

Comments (please provide brief feedback on this student's Please list any concerns or reservations you may have in re-	
Signature:	Date:
Printed Name:	Position:
Department:	Phone:
Thank you for taking the time to complete this form for a potential Pee	_
Please return this refe	erence form to:

## **Center for Student Success**

Old Main B106 1 Hawk Drive New Paltz, NY 12603

css@newpaltz.edu 845-257-3580

\*\*Completed reference forms are due no later than March 23, 2020\*\*