

**LEARNING ASSISTANCE CENTER
RECOMMENDATION FORM**

TO BE COMPLETED BY APPLICANT:

NAME: _____ TELEPHONE NUMBER: _____

Check position(s) for which you are applying:

Tutor _____ Supplemental Instructor _____ Other (please specify) _____

For Tutorial Services and Supplemental Instruction applicants, please indicate the specific assignment(s) for which you are seeking this recommendation (by department and course number, ex. Math 117):

TO BE COMPLETED BY FACULTY MEMBER:

NAME: _____ TELEPHONE NUMBER: _____

DEPARTMENT: _____ INSTITUTION: _____

In what capacity do you know the applicant? If enrolled in a course you taught, please list department and course number (ex. Math 117).

Please list the applicant's strengths: _____

Please list the applicant's weaknesses: _____

Please circle one: I (**highly recommend, recommend, cannot recommend**) this individual for the position(s) mentioned above.

_____ Date

_____ Signature

PLEASE RETURN RECOMMENDATION FORM TO:

**Learning Assistance Center
California State Univ., Long Beach
1250 Bellflower Blvd., Horn Center – Room 104
Long Beach, CA 90840**