PSYCHOLOGY
ADVISING CENTER

Peer Advisor
Recommendation

Please type or print clearly. This form is required with the submission of your application.

Your Recommender may submit a written letter with your application as well but it is not required.

Applicant’s name: ____________________________

Name of person completing this form: ____________________________

To the recommender:

We appreciate your evaluation of the applicant’s suitability as a Peer Advisor. If accepted, the applicant will be responsible for advising undergraduate students about the Psychology Major and Minor. When making comments please take into consideration the student’s communication skills, maturity, responsibility, attention to detail, and leadership skills.

You may attach a letter if you wish, but please do complete and return this form.

To the applicant:

Under the federal Family Educational Rights and Privacy Act (FERPA) of 1974, students are entitled to review their records, including letters of recommendation. However, those writing recommendations and those assessing recommendations may attach more significance to them if it is known that the recommendations will remain confidential. You have the option to either waive your right to the access of this recommendation, or to decline to do so. Please choose to either waive or retain your right below and sign your name.

☐ I waive my right to access this completed recommendation.

☐ I do **not** waive my right to access this completed recommendation.

_________________________________  _________________________
Applicant’s Signature                  Date
1. I have known the applicant for ________ years, ________ months.

2. I know the applicant: □ slightly □ fairly well □ very well □ extremely well

3. In what capacity have you known the applicant?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

4. Please comment (either on the following lines or on a separate page) on the applicant’s academic/co-curricular achievements and your judgment of his/her character and personality relevant to working in the Psychology Advising Center.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

5. The following characteristics have been determined to be helpful for Peer Advisors. Please rate the applicant on these characteristics relative to other students you have known:

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Lower 50%</th>
<th>Upper 50%</th>
<th>Upper 25%</th>
<th>Upper 10%</th>
<th>Upper 5%</th>
<th>No basis for judgment</th>
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<tbody>
<tr>
<td>Academic Ability</td>
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<td>Desire to Achieve</td>
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<td>Clarity of Oral Expression</td>
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<td>Listening Skills</td>
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<td>Social Awareness and Concern</td>
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<td>Comfort with Difference</td>
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<td>Maturity</td>
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<td>Ability to Work with Others</td>
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<td>Leadership Skills</td>
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<td>Ability to Motivate Others</td>
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<td>Independence &amp; Initiative</td>
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<td>Commitment &amp; Determination</td>
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<td>Potential for Success</td>
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<td>Carefulness in Work</td>
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<td>Awareness of Own Limitations</td>
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<td>Ability to Learn Quickly</td>
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</table>
6. Overall, this student’s capabilities would rank him/her in the:
   - □ Top 50% of undergraduate students I have known.
   - □ Top 25% of undergraduate students I have known.
   - □ Top 10% of undergraduate students I have known.
   - □ Top 5% of undergraduate students I have known.

7. Please indicate the strength of your overall endorsement of the applicant:
   - □ Not Recommended
   - □ Recommend with Reservations
   - □ Recommend
   - □ Highly Recommend

Printed name of person completing this form: ____________________________________________

Signature: ___________________________ Date: ___________________________

Title: ___________________________ Institution/Affiliation: ___________________________

*Please return completed recommendation in a sealed and signed envelope, by March 20, 2015, to:
University of Utah • Psychology Advising Center
380 S 1530 E, 507 BEH S • Salt Lake City, UT 84112-0251*