



**2017-2018 Student Activities Manager Application
Recommendation Form**

Part I – To be completed by Applicant

Applicant’s Name: _____

Reference’s Name: _____

Under the provision of the Family Education Rights and Privacy Act:

___ *I have retained my right of access to this reference.*

___ *I have waived my right of access to this reference.*

Part II – To be completed by Reference

*Student Activities Managers (SAMs) at SUNY New Paltz work with the Office of Student Activities & Union Services to manage all aspects of the Student Union during morning, evening, and weekend hours, assist students and faculty/staff with event/program logistics, and maintain relationships with various campus departments and student organizations to help communicate Student Activities information. **SAMs work in a fast-paced environment, and must be able to manage multiple tasks at once.** Please visit www.newpaltz.edu/saus for more information about our office.*

Thank you for filling out this Reference Form for this student’s Student Activities Manager Application. Please comment regarding the Applicant’s various skills including leadership, communication, maturity, and ability to work in a fast-paced environment with multiple tasks at once.

Affiliation with Applicant: _____

Length of Affiliation: _____

Considering your affiliation with the Applicant, please rate his/her skills and abilities using the scale below. Circle the appropriate response. Please use the adjacent lines for additional or clarifying comments..

	No Basis to Assess	Poor	Adequate	Good	Excellent	Comments
Time Management	NB	1	2	3	4	_____
Leadership	NB	1	2	3	4	_____
Adaptability	NB	1	2	3	4	_____
Teamwork	NB	1	2	3	4	_____
Assertiveness	NB	1	2	3	4	_____
Emotional Stability	NB	1	2	3	4	_____
Verbal Communication	NB	1	2	3	4	_____
Ability to Manage Multiple Tasks at Once	NB	1	2	3	4	_____

	No Basis to Assess	Poor	Adequate	Good	Excellent	Additional Comments
Professionalism	NB	1	2	3	4	_____
Problem Solving Skills	NB	1	2	3	4	_____
Ability to Use Good Judgment	NB	1	2	3	4	_____
Reliability	NB	1	2	3	4	_____

Please summarize the Applicant's strengths:

Please indicate any/all areas of concern:

Overall Rating of Applicant for a Student Activities Manager position (check one):

___ Highly Recommend ___ Recommend ___ Recommend with Reservations ___ Do Not Recommend

Reason for this Rating: _____

Signature: _____ **Date:** _____

Department and Title: _____

Phone: _____ **Email:** _____

THANK YOU for your comments! Feel free to include any supplemental information about the applicant on separate pages.

Please return this Recommendation Form one of three ways:

1. By campus mail or delivery to **Student Activities and Union Services, Student Union Room 211.**
2. By email saus@newpaltz.edu
3. By fax to 845-257-3695

PLEASE NOTE that Recommendation Forms are due by Monday, March 6, 2017 at 12pm. Recommendation Forms that are not submitted by this time will impact the applicant's eligibility.