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 __________________________________________ complete this form as a reference of my candidacy for a Peer Advisor position.

Candidates: Check one of the spaces below.

Under the provisions of the Family Educational Rights and Privacy Act:

_____ I have retained my right of access to this reference.

_____ I have waived my right of access to this reference.

Date: ___________________ Candidate’s Signature: ________________________

Please rate the candidate according to the following criteria (please check appropriate box):

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<thead>
<tr>
<th></th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Not Applicable</th>
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<tbody>
<tr>
<td>Academic/Study Skills</td>
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<td>Communication Skills</td>
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<td>Reliability</td>
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<td>Maintain Confidentiality</td>
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<td>Respect for Diversity/Inclusivity</td>
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</table>

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 potential as a Peer Advisor):

Please list any concerns or reservations you may have in recommending this individual as a Peer Advisor.

Signature: ______________________________________________ Date: ________________________________
Printed Name: __________________________________________ Position: _____________________________
Department: ___________________________________________ Phone: ________________________________

Thank you for taking the time to complete this form for a better understanding of this student’s abilities as a potential Peer Advisor.

Please return this reference 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**