The Center for Student Success and Office of Academic Advising seek undergraduate students with strong interpersonal skills and an interest in supporting peers to serve as Peer Advisors for Fall 2019.

The Peer Advisor is a paid position that includes customized training and ongoing reflective leadership practice, all within an inclusive, supportive environment.

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, drop-in advising support in Wooster, and academic residence hall initiatives.

Please list information for and provide the reference form to two faculty, staff, supervisors, mentors or coaches who can speak to your 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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<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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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: ____________________________

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 due no later than April 10, 2019.