

# THE LEARNING CENTER RECOMMENDATION FORM

## TO BE COMPLETED BY APPLICANT:

NAME: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

Check position(s) for which you are applying:

Tutor \_\_\_\_\_ Supplemental Instructor \_\_\_\_\_ ESL Specialist \_\_\_\_\_ 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:

**The Learning Center  
California State Univ., Long Beach  
1250 Bellflower Blvd., Student Success Center – Room 160  
Long Beach, CA 90840**