

Faculty/Academic Advisor Recommendation Form

To: Program Coordinator

In my professional opinion, _____
name of applicant

has the academic background and knowledge necessary to tutor students in

subject/discipline

(Additional comments would be helpful but are not required.)

Signature

Date

Name (print): _____

Position/Title: _____

Department: _____

Phone number or e-mail address: _____

Return this form to the applicant, send via campus mail to LARC 229 Writing Center, or e-mail as attachment to writingtutor@lavc.edu. As an alternative to this form, the recommendation information may be sent as an e-mail text to the above e-mail address.