Commuter Student Mentor Recommendation Form

**Name of Applicant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**About Commuter Student Mentors**

**CSM’s** are upper-class students at Monmouth University who will interact with an assigned group of **first-year commuter students** on a regular basis during the fall semester. CSM’s will serve as role models and guides to help their students navigate life at college as viewed from a commuter perspective. Furthermore, CSM’s will help their mentees find their way through the many programs and services that exist at Monmouth University. CSM’s will also endeavor to help their first-year commuter students make a connection to the curricular and co-curricular experiences taking place at Monmouth. A successful CSM is someone who has expressed a genuine degree of commitment to his/her studies, is emotionally mature, and possesses (or has the potential to possess) strong interpersonal and leadership skills.

**The items listed below Must Be completed by the person WHO is providing the recommendation.**

**What is your relationship to the applicant?**

\_\_\_ Professor \_\_\_\_ University administrator

\_\_\_ Supervisor \_\_\_\_ Other: (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How long have you known the applicant?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How well do you know the applicant?**

1 2 3 4 5

Very little Very well

**Based on your knowledge of the applicant, do you have any reservations, be it academic or otherwise about this person’s suitability for appointment to the position of CSM?**

\_\_\_\_ No \_\_\_\_ Yes

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**What are the greatest strengths of this applicant?**

**What are the possible areas of improvement for this applicant?**

**Please rate the applicant on each of the following characteristics by placing a check mark in the appropriate box.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Excellent | Very Good | Good | Poor | Very Poor | Not Sure |
| Ability to work with peers |  |  |  |  |  |  |
| Awareness of diversity |  |  |  |  |  |  |
| Leadership skills |  |  |  |  |  |  |
| Organizational skills |  |  |  |  |  |  |
| Ability to manage stress |  |  |  |  |  |  |
| Sense of personal initiative |  |  |  |  |  |  |
| Ability to display a positive attitude |  |  |  |  |  |  |
| Personal responsibility |  |  |  |  |  |  |
| Personal enthusiasm |  |  |  |  |  |  |
| Public speaking skills |  |  |  |  |  |  |
| Interpersonal communication skills |  |  |  |  |  |  |
| Active listening skills |  |  |  |  |  |  |
| Ability to manage time/schedule |  |  |  |  |  |  |
| Ability to adjust to change |  |  |  |  |  |  |
| Sense of poise  |  |  |  |  |  |  |
| Degree of maturity |  |  |  |  |  |  |

**Please check the appropriate selection noted below**

\_\_\_ Recommend strongly \_\_\_ Recommend \_\_\_ Recommend with reservations

\_\_\_ Do not recommend

Your Name Position/Title Phone#

Address City State Zip Code

 Signature of Evaluator Date

The Office of Off-Campus and Commuter Services (OCCS) requests that you respond to as many items as you can based on your knowledge of the applicant. Upon completion, please return the recommendation form to OCCS, Room 202-E, Rebecca Stafford Student Center, Monmouth University, 400 Cedar Avenue, West Long Branch, NJ 07764 by **FRIDAY, MARCH 10, 2017**.

*Thank you for taking the time to provide the Office of Off-Campus and Commuter Services with feedback regarding the applicant noted on this form. Your participation in the selection process for Commuter Student Mentors is greatly appreciated.*