



***Student-Athlete Support Services
Michigan State University
Tutorial Program***

FACULTY RECOMMENDATION FORM

Faculty Member's Name: _____

Department: _____

Campus Address: _____

Office Phone: _____

E-mail Address: _____

Applicant's Name: _____

The above-named applicant is under consideration for employment as a tutor in the Student-Athlete Support Services Tutorial Program. Please attach a letter of recommendation to this form commenting on this individual's ability to fulfill the responsibilities of a tutor (i.e. his/her academic performance, work ethic, dedication, and communication skills).

If you have any questions or concerns regarding this individual's qualifications, please contact Nicole Gillon at tutor@sass.msu.edu.

Please return this form and the letter of recommendation to:

**Nicole Gillon
Student-Athlete Support Services
135 Clara Bell Smith Center
East Lansing, Michigan 48824**