



**Student-Athlete Support Services  
Michigan State University  
Mentor 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 mentor in the Student-Athlete Support Services Mentor Program. Please attach a letter of recommendation to this form commenting on this individual's ability to fulfill the responsibilities of a mentor (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 Elliott Daniels: [danie128@sass.msu.edu](mailto:danie128@sass.msu.edu) or 517-355-8506.

Please return this form and the letter of recommendation to:

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