

SUNY Oswego
Educational Opportunity Program (EOP)
Summer 2020 Peer Leader
 Reference Form

To the Applicant: Please complete the requested information under "Applicant Information." Per the referee instructions, this completed no later than Friday, January 31, 2020.

To the Referee: The student who asked you to complete this form on their behalf is an applicant to the Summer Peer Leader position with the Educational Opportunity Program (EOP). Peer Leaders are trained and acts as mentors and role models for our new incoming freshmen during a 4 weeks summer enrichment program.

Please complete this form to the best of your knowledge, email your completed form to eop@oswego.edu or mail it to Educational Opportunity Program, SUNY Oswego, 118 Penfield Library, Oswego, NY 13126. We may follow up with you via email or phone regarding your reference. **This completed form is due to the Educational Opportunity Program office on or before January 31, 2020 at 4:00 PM.** Please feel free to contact us with questions or concerns. We can be reached at (315) 312-3094 or eop@oswego.edu.

APPLICANT INFORMATION

Applicant Name		Email	
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- I waive my right to view or access this reference and any appropriate attachments.
 I do not waive my right to view or access this reference and any appropriate attachments.

Applicant signature _____ Date: _____

REFERENCE INFORMATION

Name		Are you a SUNY Oswego faculty or staff?	
Your relationship to the applicant		How long have you known the applicant?	

APPLICANT LEADERSHIP ATTRIBUTES

Please mark the ranking you feel best reflects the applicant's level of skills in the areas listed below.

	Poor	Fair	Average	Above Average	Excellent	N/A
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work as part of a team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to lead a group of peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to perform under pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention to detail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Applicant Name: _____ **Reference Name:** _____

If you ranked any attribute as “fair” or “poor,” please explain in the space below.

OVERALL REFERENCE: *Please answer the questions below pertaining to this applicant.*

What are the applicant’s strengths as it relates to the Peer Leader position?

What challenges might the applicant face in this position?

Additional Comments

RECOMMENDATION: *Please select one recommendation for this applicant.*

- Highly recommend
- Recommend
- Do not recommend

Reference Signature: _____

Date: _____