PEER MENTOR REFERENCE FORM

________________________ has applied for a position as peer mentor in the Undergraduate Mentorship Program, Office of the College of Letters and Science, and has listed you as a reference. Please share your candid appraisal of the applicant on this form.

___ I waive my right to view this form         ___ I do not waive my right to view this form

_____________________________________________________
Applicant signature

1. How long have you known the applicant and in what capacity (i.e., supervisor, instructor, or volunteer coordinator)?

2. Please rate the applicant's abilities in the following areas, using a 1-5 scale in which 5 is highest and 1 is lowest. Please use N/A if you have no basis for rating the applicant’s abilities.

   Work with minimal supervision ................................................................................................ ..... ____

   Interpret details and understand them within broad context .......................................................... ____

   Communicate both orally and in writing .......................................................................................  ____

   Listen to others with sensitivity ............................................................................................ ........  ____

   Establish rapport with others ................................................................................................ ......... ____

   Work under pressure .......................................................................................................... ............ ____

   Represent the University................................................................................................................ _____

In general, how would you rate this person for a position that requires well developed communication skills, attention to detail, the ability to motivate others, and a capacity to serve as a mentor to people his/her own age?

☐ Very Highly    ☐ Highly    ☐ Average    ☐ Below Average

3. Please use the reverse side of this form for additional observations.

_________________________________________________________  ___________________________________
please print your name                                                signature

Phone or email ____________________________

PLEASE RETURN BY FEBRUARY 26, 2016, TO:

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