

16101 Greenwood Ave N, Shoreline, WA 98133

Tutoring Services Phone: 206-546-4776 Email: pttutors@shoreline.edu

## **Faculty Recommendation Form**

Potential tutor's name:	
minimum 3.5 we generally requiperson, please let us know wheth	ve individual is interested in becoming a tutor but does not have the ire in the class(es) below. Based on your classroom experience with this her you recommend this individual as a tutor for this class. You are also ager Karin Heffel Steele directly. Thank you!
Course (ex: ENGL101)	Instructor's name (printed)
☐ Recommended ☐ Not Recommended Comments:	Instructor's signature and date
Comments.	
Course (ex: ENGL101)	Instructor's name (printed)
<ul><li>☐ Recommended</li><li>☐ Not Recommended</li></ul>	Instructor's signature and date
Comments:	
Course (ex: ENGL101)	Instructor's name (printed)
<ul><li>□ Recommended</li><li>□ Not Recommended</li></ul>	Instructor's signature and date
Comments:	
As a potential tutor, I confirm th and that I have not altered or fals	at I have received the above recommendation(s) from my instructor(s) sified any of the information.
Potential tutor's signature and da	ate

Please return this form to Tutoring Services in Room 4203