*Applications should be typed.*

**Peer Leader Application**

**Recommendation**

**Student’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

In your recommendation, please address the following questions as honestly and thoroughly as you can.

* In what capacity and for how long have you known this student?
* How would you rank this student’s level of responsibility and maturity in comparison to other students at Eastern?
* How well do you believe this student would be at serving as a role model to freshman?
* Describe any knowledge you have of the student’s study and communication skills.
* What are this student’s strengths/weaknesses academically and as a student leader?

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Deadline: March 6, 2019 at 4:00 p.m. in the Center for Academic Support and Assessment, Ninth Street Hall. Send to the attention of Dr. Karla Sanders. Questions may be directed to Dr. Sanders at 217-581-6056 or kjsanders@eiu.edu.**