

STUDENT SUCCESS CENTER
PEER TUTOR RECOMMENDATION FORM

INSTRUCTOR _____
DEPARTMENT _____
DATE SENT _____

Student's Name _____

Student's MSC ID _____

Course Title for Recommendation _____

_____ Recommend Highly

_____ Recommend

_____ Recommend with Reservations

_____ Not Recommended

Comments _____

**Instructor's
Signature** _____

Date _____

Please return to:

Paul Johnson
SSC Coordinator
Student Success Center
Macon Campus
L-226

Jeannie Ruggerio
SSC Coordinator
Student Success Center
Warner Robins Campus
Oak Hall, Room 128

Brock Giddens
SSC Director
Student Success Center
Cochran Campus
Grace Hall, 2nd Floor