

WAGNER COLLEGE
PEER LEADER REFERENCE FORM

Dean of Campus Life Office, 1 Campus Road, Staten Island, NY 10301, Phone: 718-390-3423, Fax: 718-420-4130

Candidate's Name (Please Print) _____

I waive the right of access to this reference Retain the right to access to this reference.

I understand that this choice will not affect my candidacy in any way.

Candidate's Signature

Date

The student has applied for a Peer Leader position with the Orientation Program. Please complete the following questions and return to: **Deans' Office, Wagner Union Room 221** or attach as a file via e-mail at **orientation@wagner.edu** on or before **February 15th, 2011. Thank you!**

1. Please indicate how well you know the candidate and in what capacity.

2. What skills/leadership qualities does the candidate possess?

3. Please describe the candidate's work or project performance.

4. Please comment on the candidate's ability to deal with deadlines, other students and pressure situations.

5. What are the candidate's strongest skill areas?

6. What are the areas in which the candidate shows need for improvement?

Submitted by:

Name(Please Print): _____ Position: _____

Signature: _____ Date: _____

**** Please note that if this form is submitted electronically via e-mail, the e-mail record will serve as your signature.***