



RESIDENT ADVISOR CANDIDATE RECOMMENDATION FORM

Candidate's Name: _____

I request that _____ complete this form as a reference in support of my candidacy for the Resident Advisor position. I understand that I will not be allowed to view this recommendation after completion.

Candidate's Signature: _____ Date: _____

In answering the following questions please cite specific examples whenever possible. If you have not had the opportunity to observe the candidate please indicate as appropriate.

Resident Advisors function in a variety of roles, including planning and implementing educational programs, enforcing College regulations, assisting in hall administrations, and serving as a resource to the Residence Life staff. The diverse constituencies and roles require a mature person with genuine commitment. To aid in our selection of appropriate students, please complete the following recommendation. Your honest evaluation of this student is greatly appreciated. Please note that the information provided by you will not be disclosed to the student.

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1. Please indicate how well you know the candidate and in what capacity.
 2. Have you observed this candidate approach new and/or ambiguous situations? Please comment on his/her flexibility and adaptability.
 3. Have you observed this candidate's reaction to pressure or frustration? Please comment on his/her ability to deal with difficult and demanding situations.
 4. What do you see as the candidate's strengths and limitations?
 5. Is the candidate a type of person with whom others would be willing to share their personal concerns? And a person others tend to respect?

6. Would you describe the candidate as a reliable and mature individual? (In what ways have you observed this?)

7. Is the candidate willing to assume and fulfill responsibilities? Is the candidate able to share responsibility?

After reading the brief position description would you recommend this individual for a Resident Advisor position? (Check one)

- Highly Recommend
- Recommend
- Recommend With Reservations
- Would Not Recommend

Additional Comments:

Signature of Reference _____ Date _____

Name _____

Title _____ Phone _____

Address _____

City, State, Zip _____

This recommendation may be submitted electronically or sent by mail. Mail to:

The Office of Community Living
Florida Southern College
111 Lake Hollingsworth Drive
Lakeland, Florida 33801-5698
Attn: Rochelly Ramirez, Community Living Coordinator
Fax: (863) 680-4195

Please return by 5pm on Wednesday, January 30, 2014. If you have any questions, please contact Rochelly Ramirez in the Office of Student Life at 863-680-4206 or at rramirez@flsouthern.edu. Thank you!