Professor __________________.

Please choose **one** method of academic support for your course:

- [ ] YES, I consent to have Peers Assisting Student Success (PASS) for my ________________ course during the __________ semester.
- [ ] YES, I consent to have tutoring for my ________________ course during the __________ semester.

_____________________________  __________________
Signature             Date

Preferred method of contact: _________________________________
(contact number or e-mail address)

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**Textbook Adoption**

Please indicate the author and title of the primary text you plan to use.

<table>
<thead>
<tr>
<th>Title</th>
<th>Edition</th>
<th>Author</th>
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**PASS Leader or Tutor Candidate Recommendations**

To ensure the strongest pool of qualified applicants, we rely on your recommendations. In making recommendations please consider the student’s class load, family life, work schedule, interpersonal skills and academic ability. Excellent PASS leaders and tutors are academically successful, responsible students who relate well with both faculty and peers. *(Please print or type)*

<table>
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<tr>
<th>Student Name</th>
<th>Student ID #</th>
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Please forward this form via email, fax, or campus mail:

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Director of Academic Student Success
Office of the Provost
Prospect Hall 316
P: (915) 747-6025    F: (915) 747-8467
vlmartinez2@utep.edu