

PERSONAL INFORMATION				
	Date			
Name				
Last	First	Middle Initial	Student ID	Number
Present Address (School)				
Street	City		State	Zip
Permanent Address(Summer)				
Street	City		State	Zip
Phone No. [Cell] ()				
Email				
SCHOOL INFORMATION				
Year of Graduation				
Month	Year			
Program of Study				
Major		Minor (if appl	icable)	
application to Dr. Autumn Grubb Edge 2.	33, x-5118.	_	ing questions ar	nd return th
FACULTY RECOMMENDATION: Pleas application to Dr. Autumn Grubb Edge 2. Would you recommend this student to be	33, x-5118.	_	ing questions ar	nd return the
application to Dr. Autumn Grubb Edge 2.	33, x-5118.	_	ing questions ar	nd return the
application to Dr. Autumn Grubb Edge 2.	33, x-5118.	_	ing questions ar	nd return the
application to Dr. Autumn Grubb Edge 2.	33, x-5118.	_	ing questions ar	nd return the
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Florida Southern College Tech Buddy Application

	Superior (4)	Above Average (3)	Average (2)	Below Average (1)	N/A
Use of Technology					
Ability to assist faculty					
Ability to assist students					
Completion of classwork					
Respected by peers					
Respected by college faculty					
Work ethics					
Dependability					
Overall attitude					
Other Comments:			•	•	1
Faculty Signature					
Faculty Signature	 :				Date:

*Faculty can send via interoffice mail, if necessary, to Dr. Grubb, Edge 233, x-5118.