

University Honors Program Recommendation Form

To Be Completed by Applicant:

Name _____

Major _____

Date of Graduation _____

Email Address _____

The Family educational Rights and privacy Act of 1974 opens many student records for the Student's inspection. The law also permits the student to sign a waiver relinquishing his or her rights to inspect letters of recommendation. The applicant's signature below indicates this choice.

Waive Do Not Waive Any Right of Access to this Recommendation

Student's Signature

Date

To the Evaluator: the person named above is applying to the Honors Program at The University of Scranton. This program admits students of high academic achievement and promise. These students take Honors seminars and independent tutorials, and must complete an Honors project. Your candid responses to the questions on the back of this form are greatly appreciated. A separate letter written on the applicant's behalf may be attached to this form, but is not required.

Name of Evaluator: (print) _____

Position/Title: _____

Phone or email: _____

How long have you known applicant? _____

In what capacity? _____

Please see back

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Rate the applicant in comparison with other students whom you have known in recent years.

**Marking "unable to judge" will not adversely affect the candidate.*

	Top 5%	Top 10%	Top 25%	Top 50%	Lower 50%	Unable to Judge
Academic Performance						
Written Communication						
Oral Communication						
Breadth of Knowledge						
Intelligence						
Motivation						
Independence						
Interpersonal Skills						
Organizational Skills						
Trustworthiness						
Respect toward people						

Summary evaluation of this candidate. In order to give each student full consideration, please briefly explain your reasoning in the Comments section below.

- Truly exceptional. One of the best all-around students I have ever taught/known.
- Highly recommend. S/he would likely become a leader in the class and have no trouble satisfying the demands of the Program.
- Recommend. This applicant would greatly benefit from the Program and should be able to complete all requirements.
- Recommend with reservation.
- Do not recommend.

Comments on Candidate (strengths, weaknesses, etc.):

Signature of Respondent: _____ Date _____

Please e-mail this form to the University Honors Program Administrative Assistant, Melissa Eckenrode at melissa.eckenrode@scranton.edu, by October 3.