**Faculty Recommendation Form for Honors Program Application**

**Applicant:**

1. Complete the Honors Program Application by following the link in the attached email.
2. Complete the top portion of this recommendation and request that a faculty member complete the lower section. Faculty may return a signed hard copy or scanned email to the Honors Director (Tim McKenna-Buchanan)

Printed applicant’s name

* I waive my right to examine this recommendation when completed and understand that it will remain confidential.
* I do not waive my right to examine this document.

Applicant’s Signature Date

**Faculty member:**

Thank you for taking the time to complete this recommendation. Your evaluation will remain confidential as indicated above by the applicant. No additional letter is needed.

1. Please evaluate the applicant in the following categories:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Excellent** | **Very Good** | **Good** | **Fair** | **Poor** | **N/A** |
| **Academic performance** |  |  |  |  |  |  |
| **Interaction with faculty** |  |  |  |  |  |  |
| **Interaction with other students** |  |  |  |  |  |  |
| **Personal discipline and motivation** |  |  |  |  |  |  |
| **Dependability/Responsibility** |  |  |  |  |  |  |
| **Oral expression** |  |  |  |  |  |  |
| **Written expression** |  |  |  |  |  |  |

2. Please attach any additional comments you desire.

Faculty member’s signature Date

Printed Faculty member’s name