

# 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 indicated this choice.

☐ Waive

☐ Do Not Waive Any Right of Access to this Recommendation

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Student's Signature

Date

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**To the Evaluator:** The person named above is applying to the University 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 and 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						
Motivation						
Independence						
Interpersonal Skills						
Organizational Skills						
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/know.
- ☐ 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 (melissa.eckenrode@scranton.edu), hand deliver or send through campus mail (CLP 200) this form to the University Honors Program Administrative Assistant, Melissa Eckenrode by October 1.**