

Honors Program Recommendation Form

Name of Applicant: \_\_\_\_\_ Student ID# or SSN: \_\_\_\_\_

**To the Recommender:** Honors Program applicants who do not meet or exceed our minimum 3.2 GPA threshold must submit a recommendation from a teacher, faculty member, or school counselor when applying. The recommendation form *must* include your name, title, and contact information. The form should be in an electronic format (PDF) and emailed directly to the program coordinators from your institution email address. If this is not possible, you may give the student a signed hard copy of this form and the student will be required to scan it in order to submit it. The application cannot be processed until this form is received. Please notify the student once you have submitted the form to the RCC Honors Program coordinators.

**1. How long have you known the student and in what capacity?**

**2. Please rate the applicant on the following in comparison with other students of the same level:**

	Exceptional	Above Average	Average	Below Average	No information
General Academic Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation and Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imagination and Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability/Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social/Communication Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential to Succeed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3. Compared to other students, I would rank this applicant in the top:**

☐ 1%    ☐ 5%    ☐ 10%    ☐ 25%    ☐ 50%

**4. Overall endorsement of applicant:**

☐ Highly Recommend    ☐ Recommend    ☐ Recommend with reservations

**5. Optional: Please provide any additional comments about the applicant in the space below.**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Institution: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_