

# 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

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?

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