



COLLEGE OF ARTS AND SCIENCES

## Honors Program Recommendation Form

**Instructions to the Applicant:** This form is to be given to each of the two persons you choose as references. References should be chosen from teachers or other non-family members who are able to comment on your qualifications for admission to the Honors Program. Please be sure your referee places your form in a **sealed** envelope **and placed their signature across the flap.**

### TO BE COMPLETED BY THE APPLICANT:

REFERENCE FORM FOR: \_\_\_\_\_  
(Name of Student Applicant)

Address of Applicant: \_\_\_\_\_  
\_\_\_\_\_

Under the provisions of the Family Educational Rights and Privacy Act of 1974,

\_\_\_ I do \_\_\_ I do not (check one) waive my right to review the contents of this document.

Student's Name: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Name of Academic Reference (Please print): \_\_\_\_\_

**Instructions to the Reference:** Please provide your evaluation of the above named applicant. Please indicate how long and how well you know the applicant and provide your perception of his/her ability, aptitude, motivation, scholarly character, capacity for independent study, and potential for success. **Please place this reference form in a sealed envelope and please sign across the flap.**

**TO BE COMPLETED BY THE REFERENCE:**

How long have you known the applicant?: \_\_\_\_\_ years/months (*please circle*).

What is your **relationship** to the applicant (i.e. teacher, school counselor, community leader)?

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Please indicate your appraisal of the applicant’s qualities in the following categories:

	Superior	Above Average	Average	Below Average	Not Observed
Critical Thinking					
Self-Motivation					
Writing Ability					
Communication skills					
Creativity					
Independence					
Interpersonal skills					
Leadership skills					
Maturity					
Responsible					
Compared to peers					
Overall assessment					

Please include any additional comments you would like to discuss about the candidate below.

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I would:  recommend  not recommend  recommend with reservations.

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<b>Name of Reference (Last, First Name)</b>	<b>Position/Occupation</b>
<b>Phone number</b>	<b>Email address</b>
<b>Mailing Address</b>	
<b>Reference's Signature</b>	<b>Date</b>

**THE PRIORITY DEADLINE FOR ALL APPLICATION MATERIALS IS MARCH 1<sup>ST</sup>.**

**Please return this to:**

Dr. Leslie Fadiga-Stewart  
Director, Delta State University Honors Program  
DSU Box 3234  
Kethley Hall Suite A  
Cleveland, MS 38733  
(662) 846-4119  
[honors@deltastate.edu](mailto:honors@deltastate.edu)