HONORS PROGRAM RECOMMENDATION FORM Portland Community College

Name		Student ID#	
Address			
City	State	Zip	
Phone	E-mail		
Instruction to Applica	nt:		

- Make a copy of this recommendation form for each recommender.
- > Ask each of your references to complete the form and return it to you in a sealed envelope.
- > Return all recommendation forms to the Honors Council along with your application package.
- > The student is responsible for ensuring that we receive all portions of the application.

Read and sign the waiver statement below:

The right to examine the completed recommendation form (check one:)

O is waived by the applicant O is not waived by the applicant

Signature of the Applicant_____

Applicant's Printed Name_____

Instructions to Persons Completing this Form:

The PCC Honors Committee would appreciate your candid evaluation of this student as an applicant to the Honors Program. Please respond to the questions below, attach your response to this form and return your recommendation form in a sealed envelope to the student.

Name of recommender (please print)

Title of Recommender

Email and Phone

In what capacity have you known this applicant?

How long have you known this applicant?

Signature of Recommender

Please provide an assessment of the student's intellectual promise, motivation, relative maturity, independence, academic integrity, originality, initiative, leadership potential, capacity for growth, special talents, enthusiasm for learning, and anything else you feel is relevant to the student's academic performance and potential that will assist us in our assessment of this applicant.

We welcome specific examples of the student's efforts, quotes from his/her work, and other items which will help us to differentiate this student from others.