Honors Program Representatives
Recommendation Form

To the applicant: Print your name and address below and give this form to a teacher who knows you well.

Name of applicant: __________________________ Date submitted: ______________
Address: ___________________________________________ Zip: ________________

Home Telephone: ___________________________ Cell Phone: ________________
E-Mail Address: ____________________________

To the teacher: The staff of the Honors Program at Kingsborough Community College would appreciate your candid evaluation of this student as an applicant to the Honors Program Representative. Thank you for answering the questions below and returning this form to the address indicated.

Name: ________________________________________________
Title: ________________________________________________
School: ___________________________ Department: ___________________________
School address: __________________________________________________________
School phone: ____________________________________________________________

Personal phone: ___________________________ Personal e-mail: ___________________________

1. In what course(s) have you taught the applicant?
__________________________________________________________________________
__________________________________________________________________________

2. What are the first words that come to mind to describe the candidate?
__________________________________________________________________________
__________________________________________________________________________
3. **Student Assessment:** Compared to other students, how would you rate this applicant?  
(1: below average. 2: average. 3: above average. 4: outstanding. 5: one of the best students I’ve ever taught.)

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4. **Letter of Recommendation:**

Please fill in below or attach a detailed description and evaluation of the student’s academic work, motivation, intellectual ability, and contributions in class. Please also note any special interests or talents that may distinguish this applicant from others.

Signed: ____________________________ Date: ______________