

TO THE STUDENT

Submit at least one (1) recommendation form in support of your acceptance to the Illinois Central College Honors Program. We suggest that you provide this form to a teacher or someone who can best comment on your academic performance and potential for success in the Honors Program. One recommendation may provide enough information for our selection committee. However, you may want to submit more than one.

Complete the information in the section below before providing this form to the person who will be writing your recommendation.

Student Name: _____

Student Address: _____

City/State/Zip: _____

Name of School: _____

Grade Point Average/Scale (e.g. 3.5 on a 4.0 scale): _____

Academic Program or Major Applied To: _____

The Family Education Rights and Privacy Act of 1974 and its amendments guarantee students access to their educational records. Students may, however, waive their right of access to recommendations. The choice of the applicant regarding this recommendation is to be indicated below.

I do waive my right to inspect the contents of the following recommendation.

I do not waive my right to inspect the contents of the following recommendation.

Signed: _____

Date: _____

FOR THE RECOMMENDER

Recommender's Name: _____

Recommender's Telephone Number: _____

Recommender's Address: _____

City/State/Zip: _____

Email Address: _____

Name of School: _____

Position at School: _____

TO THE RECOMMENDER: Please complete the information requested on this form. Your comments will be held completely confidential if the applicant has waived his or her rights. Your candid completion of this recommendation is appreciated.

The student who has selected you to provide this recommendation believes that you will be able to offer perspectives that a test score and a school transcript alone cannot provide. You may add additional sheets to this form if you need more space to comment than the form provides. We appreciate your time in providing this valuable information. After completing the reverse of this form, please send this recommendation to:

Dr. Aaron James
 Honors Program Coordinator
 Illinois Central College
 Humanities Department
 1 College Drive, East Peoria, IL 61635

Recommendations for students applying for acceptance in fall semester must be received no later than February 15; recommendations for students applying for acceptance in the spring semester must be received no later than November 1.

How long and in what capacity have you known the applicant? _____

Check the most appropriate box concerning this student's qualities compared to all other students that you have known.

	Outstanding (top 5%)	Excellent (next 10%)	Good (next 10%)	Average	Below Average	Unable to Judge
Initiative and enthusiasm for learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study habits and academic work ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Originality and creative thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation for success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extracurricular involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributions to school community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Empathy and consideration of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence and self-advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I assess this applicant's chances for success in the Illinois Central College Honors Program as:

- Excellent
 Good
 Poor
 Very Good
 Fair
 I am unable to assess this student's chances for success

We encourage you to attach a letter of recommendation, in addition to this form, that you feel may be of benefit to the selection committee.

Recommender Signature _____ Date _____

Mail this completed form, and any attachments, in a sealed envelope, with your signature across the back flap of the envelope, to:

Dr. Aaron James, Honors Program Coordinator
 Illinois Central College
 Humanities Department
 1 College Drive, East Peoria, IL 61635



Thank you for your valuable assistance.