



# Reading Area Community College

# Honors Program

## RECOMMENDATION

Name of Applicant to Honors Program \_\_\_\_\_

Name of Recommending Teacher \_\_\_\_\_

To the Applicant: The attached recommendation form is required if you are applying to enroll in honors courses at Reading Area Community College.

Fill in the "applicant" section of the form and sign the confidentiality waiver. Then give the form and a stamped envelope to a teacher with whom you have taken a course, preferably someone who knows you well.

To the Teacher: You have been selected as a reference by the above named student, who is interested in participating in the honors program at Reading Area Community College.

This program has been developed to provide academically talented, intellectually curious students with an enriched educational experience. It is open to students who seek an enriched college program, who meet the academic criteria, and who come highly recommended by teachers.

Return the completed form to:

Dr. Donna Singleton  
Honors Program Coordinator  
Reading Area Community College  
10 South Second Street  
P.O. Box 1706  
Reading, Pennsylvania 19603-1706

If you have any questions, telephone Dr. Singleton at the College at (610) 372-4721 or 1-800-626-1665, extension 5096.

Thank you for helping us select program participants.

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## APPLICANT

Student Name \_\_\_\_\_

ID# \_\_\_\_\_ Telephone (     ) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Current School \_\_\_\_\_

I waive / do not waive (circle one) my right to review this completed reference.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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## TEACHER REFERENCE

The goal of the Honors Committee is to select highly motivated and academically talented students to participate in the Reading Area Community College Honors Program. Your candid estimate of the applicant's academic performance and intellectual promise will help the Committee in making its final selection. **ONLY IF THE STUDENT HAS SIGNED THE WAIVER ABOVE CAN YOUR REFERENCE BE HELD CONFIDENTIAL.**

1. How long have you known this student? \_\_\_\_\_

2. In what course(s) have you taught this student? \_\_\_\_\_

\_\_\_\_\_

3. How long have you been teaching? \_\_\_\_\_

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4. Please rank the student according to the criteria identified below:

<b>Criteria</b>	<b>Below Average</b>	<b>Average</b>	<b>Good</b>	<b>Very Good (top 10%)</b>	<b>Excellent (top 2-3%)</b>	<b>Not Observed</b>
Intellectual Curiosity						
Open-Mindedness						
Originality in Problem-Solving						
Creativity						
Ability to Grasp Difficult Concepts						
Class Participation						
Thoroughness in Course Work						
Ability to Work Independently						
Ability to Work with Others						
Initiative						
Self-Direction						
Academic Promise						

