

ICC Honors Program – Recommendation Form (PART 1)

To the Student: Please submit at least one of these forms in support of your acceptance to Illinois Central College's Honors Program. We recommend that you provide this form (or a copy of it) to a teacher, academic guidance counselor, or coach who can best comment on your academic performance and potential for success in our Honors Program. One recommendation may provide enough information for our selection committee. However, you may want to submit more.

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 _____

Class Rank _____

Grade Point Average/Scale (e.g. 3.5 on a 4-point scale) _____

Academic program or major applied to: _____

The Family Educational 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 rights 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 _____

Name of School _____

Position at School _____

To The Recommender: Please complete the information requested on this form. If you need additional sheets of paper, please staple them to this form. Your comments will be held completely confidential if the applicant has waived his or her rights. Your candid completion of this evaluation is appreciated.

The student who has selected you to provide this evaluation 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:

Maxine Cordell-Brunton, Honors Program Coordinator
Illinois Central College
Social Sciences Department
1 College Drive, East Peoria, IL 61635

Evaluations for students applying for acceptance in Fall Semester must be received no later than April 1; evaluations for students applying for acceptance in the Spring Semester must be received no later than November 1.



ICC Honors Program – Recommendation Form (PART 2)

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

Please provide additional comments that you may feel will be of benefit to the selection committee.

Please staple any additional comments to this form.

Illinois Central College Mail this completed recommendation to:
 Maxine Cordell-Brunton, Honors Program Coordinator
 Illinois Central College Social Sciences Department
 1 College Drive, East Peoria, IL 61635