

BUTLER UNIVERSITY HONORS PROGRAM
FACULTY RECOMMENDATION FORM

STUDENT: Please complete this section and give this form to a faculty member to fill out as soon as possible.

Name _____ Student ID # _____

Major _____ Check one: freshman sophomore

Campus Address _____ Phone # _____

The Family Educational Rights and Privacy Act of 1974 opens many student records to the student's inspection. The law also permits the student to sign a waiver relinquishing his or her right to inspect ratings. Your signature below constitutes a waiver; no signature means that you will have the right to read this recommendation.

Your signature

Date

DEAR FACULTY MEMBER:

The student named above is being considered for participation in the Honors Program. His/Her admission depends in part on a faculty recommendation. If the student has signed the waiver above, your evaluation will be kept confidential. Please complete the form below and return it to the **Honors Program Office, JH 212C.**

Name and Title _____

Department _____ Phone # _____

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

Compared with all other Butler students you have taught or known, please evaluate the applicant by checking the appropriate boxes:

	Top 2%	Top 5%	Top 10%	Top 25%	Top 50%	No opinion
Intelligence						
Research Skills						
Critical Thinking Skills						
Analytic Skills						
Independent Thinking						
Creativity						
Enthusiasm						
Motivation						
Leadership						

Please check one:

- I recommend the student without reservation.
- I recommend the student with reservation.
- I do not recommend the student.

Written comments (attach a letter, if you prefer):

Signature _____ Date _____

**Please return this form to the Honors Program office (JH 212C).
Thanks.**