

VIRGINIA UNION UNIVERSITY

HONORS PROGRAM RECOMMENDATION FORM

To the student:

You will need three recommendations, each on a separate form. Please give these forms to the appropriate people. These can be from anyone familiar with your academic ability and activities, but at least one should be from a teacher of an academic discipline or your counselor. Enter your name below and check the box to indicate which program you are applying for:

Virginia Union University Honors Program (VUUHP)

To the recommender *Please submit this form no later than July 30.*

(Student's name) _____ has applied to an honors program at the Virginia Union University. In order to assist us in making the most informed decision regarding this student's application to the Honors Program, please complete the following information.

Compared to other students in your secondary school, how would you rate this student?

	NO BASIS	BELOW AVERAGE	AVERAGE	TOP 20%	TOP 10%	TOP 5%
Creativity						
Motivation						
Self-confidence						
Independence, initiative						
Critical Thinking, analytical abilities						
Academic achievement						
Written expression of ideas						
Effective class discussion						
Disciplined work habits						
Potential for growth						

On the back of this form or on a separate sheet of paper, you may elaborate on the above and/or comment on the following items: how long and in what capacity you have known the student, the student's intellectual promise, motivation, relative maturity, independence, academic integrity, originality, initiative, leadership potential, capacity for growth, special talents, enthusiasm for learning, and anything else you feel is relevant to the student's academic performance and potential that will assist us in our assessment of this student. *We welcome specific examples of the student's efforts, quotes from his/her work, and other items which will help us to differentiate this student from others.*

Name of recommender (please print) _____
Last, First, Middle, suffix—jr., etc.

Title of Recommender _____ Email _____

Relationship to the applicant _____

Signature of Recommender _____ Date _____
Full legal name title month/day/year

Please return your recommendation form in a sealed envelope to the student or you may forward it directly to us. The student is responsible for ensuring that we receive all portions of the application. Recommendations should be sent to the program the student is seeking admission into. Thank you very much for providing this important information.

Virginia Union University Honors Program
C/O Dr. David S. Hood
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1500 North Lombardy Street
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