



PERSONAL RECOMMENDATION
FOR ADMISSION TO
HONORS PROGRAM

Name of Student \_\_\_\_\_ Date \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Ability as a Student: Outstanding \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Below Average \_\_\_\_\_
(Please comment on ways in which the applicant demonstrates independent thought and desire to learn.)

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Personal Qualities: (Participation in extra-curricular and community), activities, leadership potential, relations with students and faculty, individual strengths and limitations).

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Do you strongly recommend \_\_\_\_\_, recommend \_\_\_\_\_, recommend with some reservation \_\_\_\_\_, or not recommend \_\_\_\_\_, the admission of this applicant to the Honors Program?

Recommendation completed by: \_\_\_\_\_
Name

School \_\_\_\_\_ Subject \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

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

The University of La Verne does not discriminate on the basis of sex, race, color, national or ethnic origin, or handicap in the administration of its educational policies, admission policies, personnel matters, financial aid programs, and athletic and other such college administered programs. La Verne is an equal opportunity University.

Thank you for your assistance.
All information will be treated confidentially.
Promptness in returning this form is greatly appreciated.



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**University of La Verne**  
**Attn: Dr. Andrea Labinger**  
**Honors Director**  
**1950 3rd Street**  
**La Verne, CA 91750-9989**

