



Honors Program Letter of Recommendation

Today's Date _____

Applicant's Full Name _____

Applicant's Student ID Number _____

Faculty or Staff member submitting letter of recommendation, including title and contact information:

Mark one selection below for your overall recommendation for this student:

- ☐ Strongly recommend ☐ Recommend with reservations
- ☐ Recommend ☐ Don't recommend

Please rate the student in each of the following categories:

	Excellent	Good/Very Good	Acceptable	Poor	N/A or Not Rated
1. Critical thinking abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Written communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Success on course assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Oral communication/presentation skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Responsibility and/or reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Leadership abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Ability to take on extra assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Ability to collaborate with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Respectful of others/Overall attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Quantitative/Mathematics reasoning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments: Please elaborate on any of the categories above or provide additional feedback regarding this student.

Signature of Faculty or Staff member submitting letter of recommendation

Submit to:

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