



UNIVERSITY HONORS PROGRAM APPLICATION – FACULTY RECOMMENDATION

TO BE COMPLETED BY THE APPLICANT:

Name of Applicant _____ Applicant’s Email _____

RMU Recommender _____ Professor’s Email _____

I hereby waive any rights to examine the recommendation I am requesting.

Yes No

Applicant’s Signature _____

TO BE COMPLETED BY THE RECOMMENDER:

How long and in what capacity have you known this student?

Please speak briefly to the quality of the student’s work and contribution to your class.

