



## Honors College

### Letter of Recommendation Form

#### STUDENTS:

Please complete the upper section of this form and give it to your recommender. Letters of recommendation cannot be considered valid unless accompanied by this form. Letters and forms are to be mailed directly by your recommenders to the address below. Please remember that you need to submit two (2) letters of recommendation as part of your application to the Honors College. Fill out one of these forms for EACH recommender.

**Name** (please type or print): \_\_\_\_\_

The Family Educational Rights and Privacy Act of 1974 (P.L. 93-380) gives students (persons admitted and enrolled) the right to inspect letters of recommendation written in support of applications for admission, employment, or awards. The law also permits students to waive that right if they choose, although such a waiver is voluntary and cannot be a condition of admission, employment, or award.

In accordance with the Family Educational Rights and Privacy Act of 1974, I, the above named student, hereby permanently

\_\_\_\_\_ **WAIVE**                      \_\_\_\_\_ **DO NOT WAIVE**

any and all right of access to or inspection of the letter of recommendation accompanying this document.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Note: The absence of a signature on the line above indicates the right to access has **not** been waived.

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#### RECOMMENDER:

Name (please type or print) \_\_\_\_\_

Title \_\_\_\_\_

School/Company/Business \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Relationship to Candidate \_\_\_\_\_

**PLEASE CONTINUE ON THE OTHER SIDE OF THIS FORM.**

Please rank the student's ability within the following areas:

	<b>Excellent</b>	<b>Good</b>	<b>Satisfactory</b>	<b>Insufficient</b>	<b>Poor</b>	<b>N/A</b>
<b>Academic Performance</b>						
<b>Social Engagement</b> <i>(e.g. clubs, sports, volunteer activities, community service, etc.)</i>						
<b>Leadership Potential</b>						

If you have had the applicant as a student in one of your classes, please list the following:

Course taken: \_\_\_\_\_ Grade earned: \_\_\_\_\_

On a separate sheet of paper (on official letterhead, if at all possible), please write candidly about your knowledge of the applicant and the applicant's qualifications, including but not limited to the applicant's discipline, creativity, intellectual independence, capacity for critical thinking, and ability to organize and express ideas clearly.

Please sign this form below, thus indicating your awareness of the student's choice regarding right of access to your letter of recommendation, attach it to your letter, and mail to:

Greg DeSanctis  
Co-Director, Honors College  
Raritan Valley Community College  
PO Box 3300  
Somerville, NJ 08876-1265

Thank you for your support and cooperation.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_