

Honors Program Recommendation Form

I realize that I have the right under PL-93-380 "The Family Educational Rights and Privacy Act of 1974" to inspect my references held by MCC. I hereby voluntarily waive my right of access to the confidential statements contained in this form.

(Print Student Name)

(Student Signature)

(MCC ID number)

(Date)

Teacher/Counselor responses only:

The above student is applying for admission to the MCC-Maple Woods Honors Program and has listed you as a reference. **Please place the evaluation form and any additional comments in an envelope, seal the envelope and sign across the flap, and return to the student or mail directly to the address below by May 1st:**

ATTN: Admissions – Honors Program
MCC-Maple Woods
2601 NE Barry Rd
Kansas City, MO 64156

Reference Name _____ Title _____

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

	Exceptional	Well Above Average	Above Average	Average	Below Average	Inadequate Information
General Academic Competence						
Initiative						
Organizational Skills						
Ability to work with others						
Research potential						
Leadership potential						
Clarity of expression						
Maturity/Emotional stability						
Overall recommendation						

Please provide any further comments by including a statement on your school letterhead. Thank you.

(Signature)

(Date)

(Name of School)