



Honors Program

CUE 419, U-2147
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Storrs, CT 06269-2147

Phone: (860) 486-4223
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www.honors.uconn.edu

Honors Scholar Faculty Evaluation

Due date: _____

To the Student:

Complete the information in this box, write the due date above and give this form to the faculty member from whom you are seeking an evaluation. If you have completed any Honors work in the past, you should seek an evaluation from the instructor who taught the Honors course or supervised your Honors project.

Student Personal & Academic Data *(Please type or print neatly.)*

Name _____ Student Admin # _____

School / College _____ Intended Honors Major _____

Please sign below ONLY if you wish to execute the following waiver:

Under the provisions of the Family Educational Rights and Privacy Act, I waive my right to access this letter.

Signature _____ Date _____

To the Faculty Member:

We would appreciate your candid evaluation of this student. Please complete this form, write a few brief remarks and send it to the Honors Program office, CUE 419, Unit 2147 or fax to 486-0222 by the due date above.

- Please list the course(s) or special project(s) this student has completed with you:

- On the scale provided below, please rate this student in comparison with others you have taught during the last five years.

| | Below Average | Average | Above Average | Very Good | Outstanding | One of the best students I've taught |
|--------------------------------------|---------------|---------|---------------|-----------|-------------|--------------------------------------|
| Intellectual Ability | | | | | | |
| Written Expression | | | | | | |
| Oral Expression | | | | | | |
| Work Habits | | | | | | |
| Motivation | | | | | | |
| Initiative/Independence | | | | | | |
| Creativity | | | | | | |
| Potential Intellectual Growth | | | | | | |
| Enthusiasm for Intellectual Pursuits | | | | | | |
| Aptitude for Research | | | | | | |

- Brief Remarks:** Would you recommend this student for the Honors program? Please tell us what distinguishes this student from others? How would you rate his/her ability to succeed with a demanding program of Honors study?

Evaluator Name *(Print)* _____ Department _____

Signature _____ Date _____

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