

Recommendation for Mitchell College Honors Program Admission

Name of Applican	t				
How long have yo	u known the appl	icant?			
In what capacity d	o you know the a	pplicant?			
Your assessment of this applicant will help the Honors Program faculty evaluate the student's abilities in seven major areas. Please provide your evaluation of this applicant in the following:					
Areas	Outstanding	Above Average	Average	Below Average	Other comments
Critical & Creative Thinking					
Communication					
Openness to perspectives different from one's own					
Information Literacy					
Analysis & Problem- Solving					
Social Responsibility					
Social Interaction					

Letter of Recommendation Requirement

Please attach a letter of recommendation on behalf of the student, including your observations/impressions of the student's commitment to academic rigor.

NAME:	
SIGNATURE	
POSITION:	DATE:

Please return this completed form with an attached letter of recommendation to the Mitchell College Admissions office at admissions@mitchell.edu or by fax to 860-701-5090 or by mail to:

Mitchell College Admissions

437 Pequot Avenue

New London, CT 06320