



THE COLLEGE OF NEW JERSEY HONORS PROGRAM

Date _____

REFERENCE STATEMENT CONCERNING _____
(please print)

WAIVER OF STUDENT'S RIGHT TO SEE REFERENCE STATEMENT	
I HEREBY WAIVE MY RIGHT TO SEE THIS REFERENCE STATEMENT	
_____ DATE _____	_____ STUDENT SIGNATURE _____

EVALUATOR'S STATEMENT

PLEASE NOTE: This recommendation is specifically for the Honors Program, so please do not send your generic college recommendation.

Classes in The College of New Jersey Honors Program ask students to think critically and creatively, to become involved in intense scholarship, to interact cooperatively with other students, and to speak and write at a high level of competence. Please comment on this candidate's ability and preparation to perform well in such classes. Please provide any information that can help distinguish this applicant from others with strong potential and records of high achievement.

PLEASE PLACE YOUR WRITTEN STATEMENT EITHER ON THE REVERSE SIDE OF THIS FORM OR ON AN ATTACHED SHEET.

In addition, please compare the above-named candidate to other students you have taught or counseled.

The comparison is based upon (please check): _____ other high-school seniors
_____ other college students

Top 2% Truly Exceptional	Top 5% Outstanding	Top 10% Excellent	Next 15% Very Strong	Other
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SIGNATURE _____

PRINT NAME _____

TITLE _____

INSTITUTION _____

Please return the completed recommendation to the student in a sealed letterhead envelope which you have signed across the seal. The student will send it with his/her application.