



COLLEGE OF ARTS AND SCIENCES

**Honors Program
Recommendation Form**

Name of Applicant: _____

Address of Applicant: _____

Instructions to Applicant: This form is to be given to each of the two persons you choose as references. References should be chosen from instructors and other persons who are able to comment on your qualifications for admission to the Honors Program.

Instructions to Reference: Please provide your frank opinion of the above named applicant in a letter attached to this form. Please indicate how long and how well you have known the applicant and tell what you can of his/her ability, aptitude, motivation, scholarly character, capacity for independent study, and potential for success. **Return to:**

Dr. Leslie Fadiga-Stewart
Director, Delta State University Honors Program
DSU Box 3234
Kethley Hall Suite A
Cleveland, MS 38733

Name of Reference (Please print): _____

Signature: _____

Position and/or Title: _____

School: _____

Address: _____

The deadline for completed applications is March 1.