



University Honors Program

Letter of Recommendation Form

If you are requesting a letter of recommendation from the Honors Office,
Please take a few moments to complete this form. Please type or print legibly.

Date Submitted: _____

Date Needed: _____

Reason: _____
(applying for a scholarship, internship, job reference, etc.)

To: _____
UHP Staff Member

For: _____
Organization / Person letter is addressed to

Your Name: _____

SID# _____ - _____ - _____

Year: 1st 2nd 3rd 4th

Major: _____ Minor: _____

Projected Graduation Date: _____ (Month/Year) Degree: BA BS MA MS

Grad or Professional School Plans _____

Career Goal: _____

Lower Division Participant: YES NO
Completed Lower Division: YES NO

Upper Division Participant: YES NO
Completed Upper Division: YES NO

Resume Attached: YES NO

Personal Statement Attached: YES NO

I will pick up the letter: YES NO

Your local telephone number: (____) _____ - _____

OR Please mail to: _____

For Honors Office Use Only: Cumulative GPA _____ Quarter GPA _____

COMPLETE THE REVERSE SIDE OF THIS FORM IF A RESUME IS NOT ATTACHED

As it relates to this request, list the following information:

School Activities

_____	Dates: _____
_____	Dates: _____
_____	Dates: _____

Research / Internships / Scholarships

_____	Dates: _____
_____	Dates: _____
_____	Dates: _____

Community Service

_____	Dates: _____
_____	Dates: _____
_____	Dates: _____

Awards / Certificates

_____	Dates: _____
_____	Dates: _____
_____	Dates: _____

Affiliations (i.e. Honors Societies)

_____	Dates: _____
_____	Dates: _____
_____	Dates: _____

Additional information that may be helpful in preparing the letter:

Honors Office Use Only

Comments: