

Name: _____ Date of Birth: ____ / ____ / ____

High School: _____

The applicant must complete and sign the following statement before submitting this form to the recommender. The request is in compliance with Federal Law P.L. 93-380 (Family Educational Rights and Privacy Act of 1974).

- I waive my right of access to the letter of recommendation submitted on my behalf.
 I do not waive my right of access to the letter of recommendation submitted on my behalf.

Signature _____ Date _____

Name of Recommender _____ Title _____
Please print or type.

How long have you known this student? _____ In what capacity? _____

The recommendation you provide is an important factor in the admission of students to the UIC Honors College and will be given careful consideration. Please check the degree to which the nominee most closely displays each of the following characteristics:

Academic ability	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Motivation	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Intellectual curiosity	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Maturity	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Responsibility	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Written expression of ideas	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Research aptitude	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average

Signature _____ Date _____

On the back of this page or on a separate page, please provide, using specific examples where possible, evidence of this student's particular intellectual strengths and weaknesses. **What distinguishes this student?** Please print or type your response.

Please return to:

Honors College (MC 204)
University of Illinois at Chicago
828 S. Halsted Street
Chicago, Illinois 60607-7031

For fullest consideration, please submit this application by January 15, 2011. Deadline: April 1, 2011.
 Applications received after April 1 will be reviewed as space permits.

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Name: _____ Date of Birth: ____ / ____ / ____

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I am applying for admission to the Honors College at the University of Illinois at Chicago and request one copy of my high school transcript is sent to:

**Honors College (MC 204)
University of Illinois at Chicago
828 S. Halsted Street
Chicago, Illinois 60607-7031**

Signature _____ Date _____

School Registrar: Please attach this form to one copy of the student's transcript before sending.

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