



Northampton Community College

HONORS PROGRAM RECOMMENDATION

Applicant Name _____

Applicant NCC ID or Social Security Number _____

To the Faculty Member/Counselor:

The above named student has applied to the Northampton Community College Honors Program. Please share with us your observations concerning the applicant's creativity, task commitment, motivation, intellectual capabilities, and ability to succeed in an Honors Program (please feel free to attach a separate sheet if necessary). Thank you for your assistance.

Faculty/Counselor Name _____

Faculty/Counselor Signature _____

Title _____

Date _____

Please return completed form to the NCC Admissions Office. Thank you.