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# 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 Honor's 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.*