Clovis Community College

Instructor Recommendation for Honors Program

Please type or print in black or blue ink

Student Name (please print): _____

SS or Student ID: _____ Instructor Name: _____

Course Taken: _____

Describe the characteristics exhibited by this student that will ensure his or her success in the Honors Program.

Instructor Signature: _____ Date: _____

Submit form with SCCCD Honors Program Application