

**PEARL RIVER COMMUNITY COLLEGE  
DR. WILLIAM LEWIS HONORS INSTITUTE  
Recommendation Form for Applicants**

**PART I**

(To be completed by applicant)

Name: \_\_\_\_\_  
Last
First
Middle

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Attending: Poplarville Campus  Forrest County Center  Applying for August of \_\_\_\_\_

**PART II**

(To be completed by a faculty member, a staff member, or an administrator)

Please complete the following evaluation based on your knowledge of the applicant's abilities in the specified categories.

LEADERSHIP	<input type="checkbox"/> Superior/ Outstanding	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
CHARACTER	<input type="checkbox"/> Superior/ Outstanding	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
RELIABILITY	<input type="checkbox"/> Superior/ Outstanding	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
RELATIONSHIPS WITH OTHERS	<input type="checkbox"/> Superior/ Outstanding	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
USE OF SOUND JUDGEMENT	<input type="checkbox"/> Superior/ Outstanding	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
COOPERATION	<input type="checkbox"/> Superior/ Outstanding	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
WORK HABITS	<input type="checkbox"/> Superior/ Outstanding	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
ATTENDANCE RECORD	<input type="checkbox"/> Superior/ Outstanding	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average

Would you recommend the applicant for the PRCC Honors Institute?  Yes  No

Name (print/type): \_\_\_\_\_

Department/School/Organization: \_\_\_\_\_

Email: \_\_\_\_\_

Phone(s): \_\_\_\_\_

\_\_\_\_\_  
 Signature Date