Certificate Program – Faculty Recommendation

Date: ________________________________

Student Name: ________________________

Faculty Name: _________________________

Department: ___________________________

Please return by email to Libby Friedman eofri@conncoll.edu or mail to campus box 5365 by: October 18, 2017

1. In what capacity do you know the student?

2. How long have you known him/her?

3. Does this student show evidence of thought and creativity about classroom material outside of the classroom (questions after class, connections to other courses, independent studies)? (please be specific)

4. Does this student show evidence of good problem solving ability or independent thinking? (please be specific)

5. Would you want this student to do an honors thesis or individual study or research project with you?

6. How does this student compare with other students at Connecticut College?

Please rate this student on a scale of 1-5, with 5 being the highest:

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7. Additional Comments: