

Eckerd College Program for Experienced Learners

Honors Program Faculty Evaluation

Please complete the sections below, addressing specifically the applicant's ability to complete Honors work, and forward to the PEL Honors Program, c/o Pam Buchanan, Eckerd College, 4200 54th Ave. South, St. Petersburg, FL 33711.

Name of Applicant _____

How long have you known this student? _____

In what context have you known this student? _____

How would you rate this student according to the following skills and potential?

	No Basis	Below Average	Average	Good (Above Average)	Excellent (top 10%)	Outstanding (top 2-3%)	One of the top few encountered in my career
Creative, original thought							
Motivation							
Independence, initiative							
Intellectual ability							
Academic achievement							
Written expression of ideas							
Effective class discussion							
Disciplined work habits							
Potential for growth							
Summary Evaluation							

Use this space or an attached sheet for comments if you wish.

Faculty Name _____

Phone Number _____

Signature _____

Date _____