Academic Recommendation Form #1 – Current Teacher

Student Applicant:

Please complete the blank spaces on this form before giving it to the teacher who will recommend you. The teacher is to send this completed form along with the letter of recommendation by scanned email, or mail directly to:

Dr. Jennifer Miles, Director Evans Hall Industrial Hall 102 Huston-Tillotson University 900 Chicon Street Austin, Texas 78702 Email: jpmiles@htu.edu

To the Teacher/Recommender:

Your student, whose name is indicated below, is applying for admission to the W.E.B. Du Bois Honors Program. Our Honors Program is named for Dr. W.E.B. Du Bois, the African American sociologist, historian, writer, civil rights activist and intellectual of the twentieth century.

Launched during the fall semester of 2003, the Honors Program serves academically gifted and talented students whose high school accomplishments are indicative of their intellectual ability, motivation, and leadership ability. The program offers students scholarship assistance and a unique opportunity to enrich their undergraduate education through specialized curricula, career-oriented opportunities, service learning, and cultural activities.

Please assist us by indicating in your letter the student's qualifications for admission to our Program, including his/her/their academic ability, level of maturity, and leadership potential.

APPLI	CANT'S NAME:	_
APPLI	CANT'S HIGH SCHOOL:	
RECO	MMENDER'S NAME & TITLE:	
RECO	MMENDER'S EMAIL OR PHONE:	i.
To th	e Applicant:	
inspec	ordance with the Family Rights and Privacy Act of 1974, you may waive you this recommendation by signing the statement below. Should you decide ught, you will have access to the recommendation if you become a member of m.	not to waive
	hereby waive my right of access to this recommendation.	
	do not waive my right of access to this recommendation.	

Applicant's Signature:

Academic Recommendation Form #2 – Counselor or Principal

Student Applicant:

Please complete the blank spaces on this form before giving it to the administrator who will recommend you. The administrator is to send this completed form along with the letter of recommendation by scanned email, or mail directly to:

Dr. Jennifer Miles, Director Evans Hall Industrial Hall 102 Huston-Tillotson University 900 Chicon Street Austin, Texas 78702 Email: jpmiles@htu.edu

To the Recommender:

Date: __

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Please assist us by indicating in your letter the student's qualifications for admission to our Program, including his/her/their academic ability, level of maturity, and leadership potential.

APPLICANT'S NAME:			
APPLICANT'S HIGH SCHOOL:			
RECOMMENDER'S NAME & TITLE:			
RECOMMENDER'S EMAIL OR PHONE:			
To the Applicant:			
In accordance with the Family Rights and Privacy Act of 1974, you may waive your right to inspect this recommendation by signing the statement below. Should you decide not to waive your right, you will have access to the recommendation if you become a member of the Honors Program.			
□ hereby waive my right of access to this recommendation.			
$_{\square}$ do not waive my right of access to this recommendation.			

Applicant's Signature: