



Application for (circle one): Fall Spring 20\_\_ \_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M. I. \_\_\_\_\_

Student ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male or Female

Mailing Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Academic Major: \_\_\_\_\_

Please list any activities, honors, or other accomplishments you have been involved with:

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Please indicate why you would like to be in the Honors Program and how your involvement will benefit the program:

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*By signing below you indicate your interest in Honors Program and, if accepted, agree to fulfill all of the program requirements and responsibilities.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Honors Program Faculty Recommendation Form

In addition to a student's application, a letter (or letters) of reference are recommended for current SUNY Canton student applicants. Applicants must submit as least one letter of recommendation from a faculty member familiar with their academic work and ability to complete honors-level work in their major. **Applicant, please make copies of this form to send to faculty for recommendations**

Applicant Name: \_\_\_\_\_  
(first) (last)

I waive my right to view this form       I do not waive my right to view this form

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To the Evaluator:** The student listed above is applying the Honors Program at SUNY Canton. If chosen the student will be required to maintain a GPA of 3.2 or higher, take a number of Honors contracted courses, participate in Honors seminars, non-seminar activities, and community service. Information regarding the Honors Program can be found at <http://www.canton.edu/honors/>. Please comment on the capabilities of this individual based on your interactions. Thank you for your assistance in our selection process. (Please use the back of this sheet if necessary or attach a letter of reference.)

Name of Reference \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Position/Title: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity do you know the applicant? \_\_\_\_\_

Please identify the level at which the applicant has performed the qualities listed below according to the scale provided:

Skill	Below Average	Average	Above Average	Excellent	No basis for judgment
Academic potential for Honors-level work					
Academic Achievement					
Maturity					
Creative, original thought					
Integrity and Character					
Leadership Potential					

**Please return this form and letter of recommendation to:** Dr. Nicole A. Heldt, Honors Program Coordinator  
 SUNY Canton, Cook Hall, 34 Cornell Drive, Canton, NY 13617. [heldtn@canton.edu](mailto:heldtn@canton.edu). 315-386-7983.