



FACULTY RECOMMENDATION FORM

Instructor: *Please use this form to refer students from your classes that you would like to recommend for enrollment in the Honors Institute.*

Please print your responses clearly.

■ Student Information

Student Name: _____ BCC Student ID#: _____

Email: _____ Phone: _____

■ Faculty Information

Recommended By: _____ Date: _____

Dept: _____ Phone: _____

Reason(s) for Recommendation

Please forward to your Campus Honors Institute Coordinator:

Dr. Deborah Hefferin
North Campus, 47/221
954-201-2407

Dr. Lulrick Balzora
Central Campus, 1/118
954-201-6671

Dr. Barbra Nightingale
South Campus, 69/219
954-201-8873