ALPHA KAPPA PSI CHAPTER OF PHI THETA KAPPA

KAPI'OLANI COMMUNITY COLLEGE ● UNIVERSITY OF HAWAI'I

4303 DIAMOND HEAD ROAD HONOLULU, HAWAI'I 96816

FACULTY RECOMMENDATION FORM

The student named below is applying for membership in Phi Theta Kappa, the International Honor Society of the two-year college. According to Phi Theta Kappa's Constitution, inductees must demonstrate "academic excellence," be of "good moral character," and possess "recognized qualities of citizenship."

Please return this form by the date indicated below to assure that the student named will be eligible for induction and membership.

Student:_____
Last Name First Name MI

The student indicated above

_____has completed with a grade of _____OR

_____is expected to successfully complete with a grade of _____in my

_____class_____
Course Title Course Alpha/Course Code

A course offered in the_____Department for the semester and year_____.

I recommend this student because:
(This section is optional)

_____

_____

_____

_____

_____

_____

_____

_____ _____ _____
Please PRINT or TYPE Name Office (Bldg and room) Ph. Ext. No.

Please return this form to the Honors Education Coordinator (Ohia 103A) or give directly to the student who is requesting the recommendation.

Due Date:_____