MCNAIR SCHOLARS PROGRAM RECOMMENDATION FORM

This Section to be completed by the Applicant.
Print this form, sign below at your discretion, then deliver to the Evaluator.

(Last Name) (First Name) (Middle Name)	**(Major and Area of Interest)**

OPTIONAL: All rights of access to this letter of recommendation conferred by the Family Educational Rights and Privacy Act of 1974 (P.L. 93-380) as amended, or otherwise, are hereby voluntarily waived. No signature means that the student will have the right to read this reference.

(Date)	**(Signature)**

This Section to be completed by the Evaluator.

Evaluators Name (please print): _____

RECOMMENDATION FORM DUE WITHIN ONE WEEK
AFTER RECEIVING THE FORM

The student listed above is requesting that you complete this form as part of his/her application for the Murray State University McNair Scholars Program. This undergraduate program has been designed to encourage and facilitate graduate studies (specifically, to obtain a Ph.D.) for students who are first-generation college students from economically disadvantaged families and for minority groups. Please help us assess the promise and motivation of this student by completing this form.

Return to the Murray State University McNair Office (Room 324 Wells Hall) in a sealed envelope with your signature over the seal.

If you would like more information on Murray State University's McNair Program please visit our website at: http://www.murraystate.edu/HeaderMenu/Administration/Provost/mcnair.aspx

Thank you for your prompt attention.

Please rate the applicant in each attribute/skill listed below compared to other students with who you have worked.					
Attributes/Skills	**No Basis to Judge**	**Upper 10%**	**Upper 25%**	**Upper 50%**	**Lower 50%**
Intellectual Ability					
Oral Expression					
Written Expression					
Motivation / Willingness to Work Hard					
Emotional Maturity					
Dependability					
Creativity					
Open-mindedness					
Self – Confidence					
Research Ability					
Critical Thinking Ability					
Potential for Success in Graduate School					

PLEASE COMPLETE BOTH SHEETS

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Applicant's Name:

How long have you known the applicant and in what capacity? (Give dates, if possible.)

Estimate of graduate school potential:				
	Outstanding	**Above Average**	**Average**	**Below Average**
As a degree candidate				
As a faculty member				
As a researcher				

Recommendations concerning selection for this program (please check one):			
	I recommend the applicant with confidence		I recommend the applicant
	I recommend the applicant with reservation		I do not recommend the applicant

What are the applicant's greatest strengths and weaknesses with regard to academics, research ability or other characteristics relative to academic success? (attach addition page if necessary)

Name (Please Print):			
Position or Title:			
Department:			
Phone Number:		**Date:**	
Signature:			