

# Recommendation Form for SIUC McNair Applicant

The McNair Scholars Program provides the training, experiences and support for first-generation, low-income, underrepresented college sophomores, juniors, and seniors to pursue and succeed in programs of doctoral study. During and after an intensive eight-week Summer Research Program, McNair Scholars receive support for continued professional activities including to research, publish, attend conferences and visit graduate schools.

**To be completed by applicant. Please type.**

|  |              |       |                                   |
|--|--------------|-------|-----------------------------------|
| _____  | _____        | _____ | _____                             |
| (Last Name)  | (First Name) | (MI)  | (Graduate Discipline of Interest) |
| Agreeing to this waiver is not required for admission to the McNair Program. 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 may be hereby voluntarily waived. |              |       |                                   |
| <input type="checkbox"/> Yes, I <u>WAIVE</u> my right to view this recommendation.   |              |       |                                   |
| <input type="checkbox"/> No, I <u>DO NOT waive</u> my right to view recommendation.  |              |       |                                   |
| _____  | _____        |       |                                   |
| (Date)   | (Signature)  |       |                                   |

**To be completed by recommender and returned in a sealed envelope with signature across the seal to the applicant or the McNair Program by November 15, 2006.**

McNair Scholars Program  
Southern Illinois University Carbondale  
Woody Hall, Room B-139, or B145  
Mail Code 4719  
Carbondale, IL 62901  
voice: 618.453.4581 fax: 618.453.8038  
email: mcnair@siu.edu

The person named above has applied to the program and has asked you to evaluate his/her academic ability. In addition to completing this form, **please attach a letter** describing the student's potential for success in the McNair Program and in graduate school, any particular strengths and weaknesses, and overall assessment of the student's academic ability.

Recommender Name: \_\_\_\_\_

Title: \_\_\_\_\_

Campus Address: \_\_\_\_\_

Campus Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

How long have you know the applicant and in what capacity?

\_\_\_\_\_  
\_\_\_\_\_

**Please Evaluate:**

|  | High |   |   |   | Low |     |  |
|--|------|---|---|---|-----|-----|--|
|  | 5    | 4 | 3 | 2 | 1   | N/A |  |
| Intellectual Potential                   |      |   |   |   |     |     |  |
| Creativity                               |      |   |   |   |     |     |  |
| Initiative                               |      |   |   |   |     |     |  |
| Ability to Work Independently            |      |   |   |   |     |     |  |
| Ability to Work With Others              |      |   |   |   |     |     |  |
| Ability to Set Goals                     |      |   |   |   |     |     |  |
| Persistence Toward a Goal                |      |   |   |   |     |     |  |
| Commitment to Earning a Doctorate        |      |   |   |   |     |     |  |
| Enthusiasm for Academic Discipline       |      |   |   |   |     |     |  |
| Oral Communication Skills                |      |   |   |   |     |     |  |
| Writing Skills                           |      |   |   |   |     |     |  |
| Likelihood of Success in McNair Program  |      |   |   |   |     |     |  |
| Likelihood Will Become College Professor |      |   |   |   |     |     |  |

|  |
|--|
| <p>Recommendation concerning selection for the McNair Scholars Program (check one):</p> <p><input type="checkbox"/> I recommend the applicant with confidence.</p> <p><input type="checkbox"/> I recommend the applicant with reservation. (Please explain below.)</p> <p><input type="checkbox"/> I do not recommend the applicant. (Please explain below.)</p> |
|--|

Comments:

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|-------------------------|------|
| Recommender's Signature | Date |
|-------------------------|------|