



**RONALD E. MCNAIR POST-BACCALAUREATE ACHIEVEMENT PROGRAM
FACULTY RECOMMENDATION FORM**

Return to: McNair Program
Fayetteville State University
1200 Murchison Road
Lyons Science Annex Room 224
Fayetteville, NC 28301
Telephone: (910) 672-2162

TOP PORTION TO BE COMPLETED BY THE APPLICANT. PLEASE TYPE OR PRINT.

<i>Last Name</i>	<i>First Name</i>	<i>M.I.</i>	<i>Undergraduate Major</i>
<i>Telephone Number</i>		<i>Prospective Graduate Program</i>	

OPTIONAL: I UNDERSTAND THAT THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974 (P.L. 93-380) AS AMENDED PROVIDES ME ACCESS TO THIS LETTER OF RECOMMENDATION. I VOLUNTARILY WAIVE THIS RIGHT WITH THE UNDERSTANDING THAT FAILURE TO GRANT THIS WAIVER WILL NOT ALTER MY CHANCES FOR ADMISSION INTO THE PROGRAM.

<i>Date</i>	<i>Applicant's Signature</i>
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TO THE RECOMMENDER: The McNair Program prepares selected undergraduate students for graduate study in a Ph.D. program. Students conduct research under the mentorship of faculty, attend graduate education seminars and engage in other activities that prepare them for graduate study. Please help us assess the promise and motivation of this student to benefit fully from this program.

1. How long have you known this student and in what capacity?

2. How would you evaluate the applicant's academic aptitude and potential for graduate work, motivation for the pursuit of advanced graduate study, and current academic performance in area of concentration?



3. To what extent do you believe the applicant could benefit from this program?

4. Other statements you wish to make on behalf of this applicant.

Name (print) **Title** **Department**

Campus Address

e-mail

Phone

Signature

Date