Ronal E. McNair Post-Baccalaureate Achievement Program
Faculty Recommendation Form

Return to: McNair Program
Fayetteville State University
1200 Murchison Road
Lyons Science Building Room 208
Fayetteville, NC 28301
Telephone: (910) 672-2267

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

Last Name ___________________________ First Name ___________________________ M.I. ___________________________
Undergraduate Major __________________________________________________________

Telephone Number ___________________________ Prospective Graduate Program ________________________________________

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.

______________________________ _____________________________________________________
Date Applicant's Signature

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

address

e-mail                                         phone

Signature                                        Date