



Faculty Recommendation Form

SECTION ONE: APPLICANT SECTION:

Applicant should complete this section and sign prior to providing form to the faculty member.

Student Name: _____
Last Name First Name Middle Name

The Family Education Rights and Privacy Act of 1974 gives students rights to inspect and review their educational records. You may waive the right to see specific confidential letters.

- I hereby waive my right to examine this form and understand that it will not be shared with me.
- I do not waive my right to examine this form. Failure to sign or indicate waiver status indicates confidentiality by default.

Student Signature: _____ **Date:** _____

SECTION TWO: FACULTY RECOMMENDER SECTION:

The student named above is applying for admission to the NMU McNair Scholars Program. This program prepares low-income, first generation or underrepresented undergraduates for admission to and completion of Ph.D. programs. In order to select those students most likely to succeed, we must rely on input from you. Please complete this form as an evaluation of the student's demonstrated potential for this program. When completed, return this completed form to the McNair Scholars office. Contact our office with any questions or concerns.

Faculty Name: _____
Last Name First Name

Title Department

Email Address Phone Number

1. In what capacity have you known this student, how long?

2. In which of your classes has this student enrolled, and what grade did he/she receive?

3. Are you willing to serve as research advisor to this student?

Please rate this applicant relative to others whom you have known in the same context in recent years:

	Amicability	Motivation for Graduate Study	Potential for Graduate School Success	Academic Ability	Oral Communication Skills	Written Communication Skills	Creativity	Ability to Work Independently	Ability to Work With Others	Critical Thinking Skills	Self-Motivation
Exceptional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Above Average	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Average	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Below Average	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unable to Judge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*** Please expand upon this recommendation form by writing a few paragraphs sharing your insights on the likelihood that this student is a good candidate for research and graduate school. ***

Faculty Signature: _____

Date: _____