

POSTMARK DEADLINE: JANUARY 28, 2019

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

*ONLINE PDF VERSION AVAILABLE AT [HTTP://Z.UMN.EDU/MCNAIR](http://z.umn.edu/mcnair)

This section to be completed by applicant. Please print or type.

Name: _____
Last First Middle (Intended) Major/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.

This waiver is not required as a condition for admission to or receipt of any other services and benefits from the McNair Scholars Program.

Signature: _____ Date: _____

*This section to be completed by recommender and returned by **February 4, 2019**, to:*

TRIO McNair Scholars Program
University of Minnesota
40 Education Sciences Building
56 East River Road
Minneapolis, MN 55455

To deliver in person, please bring to Room 40 Education Sciences Building or PDF scan this document to:

mcnair@umn.edu

Please attach a short personal letter addressing the following three questions to this form.

- **What is your frank appraisal of the applicant's promise as a graduate student and future scholar?**
- **What are the applicant's greatest strengths and weaknesses?**
- **What is the extent of your acquaintance with the applicant?**

In comparison with a representative group of students in the same field with approximately the same amount of experience and training, how does the applicant rate in the following areas?

	Below Average	Average	Above Average	Outstanding	Unable to Judge	Other Comments
Academic Aptitude & Potential for Graduate Work						
Academic Performance in Major						
Motivation for Advanced Graduate Study						

Name _____ Title _____

Department _____ Institution _____

Signature _____

Phone _____ Email _____

UNIVERSITY OF MINNESOTA

