



RECOMMENDATION FORM

I. THIS SECTION TO BE COMPLETED BY APPLICANT:

APPLICANT NAME _____

Expected Field of Graduate Study _____

OPTIONAL All rights of access to this letter of recommendation conferred by the Family Education Rights and Privacy Act of 1974 (P.L. 93-380) as amended, or otherwise, are hereby voluntarily waived by applicant. (This waiver is not required as a condition for admission to or receipt of any services or benefits from McNair.)

Signature

Date (mm/dd/yyyy)

II. THIS SECTION TO BE COMPLETED BY WRITER:

The McNair Scholars Research Program at UNC prepares a select few high achieving, first-generation, low-income, and traditionally underrepresented juniors and seniors for doctoral study through workshops, seminars, lectures and research. Your assessment of the applicant's personality, character, motivation, and promise as a scholar and professional will assist the program in selecting our participants for 2025. Please answer the following questions, attach a short statement, and sign the back of this form.

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

(Over)

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

	Poor (Under 50%)	Average (Top 50%)	Good (Top 25%)	Outstanding (Top 10%)	Unable to Judge
Current academic performance in major					
Academic aptitude and potential for graduate work					
Intellectual potential					
Motivation and diligence					
Maturity					
Willingness to accept direction/supervision					
Creativity and imagination					
Ability to work with others					
Analytical skills					
Research skills					
Communication skills/written					
Communication skills/oral					

Please attach a separate note expanding on your evaluation of the applicant by addressing these additional points:

- Applicant’s potential as a graduate student and future scholar
- Applicant’s aptitude for academic research and scholarly activity (strengths & weaknesses)
- Applicant’s motivation for completing graduate work

Signature _____

Date _____

Name _____

Phone _____

Department _____

Title _____

Please return this form to the student in a sealed envelope signed across the seal -OR- submit directly to the McNair Scholars Research Program via mail or email. If sending via mail, please send to the address below. If emailing, please send to mcnair.scholars@unco.edu. Recommendations for priority admission should be received by **Monday, February 17, 2025**; later applications will be considered on a space-available basis. (Please reach out if you need additional time to complete the recommendation.)

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