**LETTER OF RECOMMENDATION** Please check: Faculty Other

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***This section to be completed by the applicant.***

Full Legal Name Proposed Field of Graduate Study Signature Date

I voluntarily waive all rights to review this letter of recommendation conferred by the Family Education

Rights and Privacy Act of 1974.

I do not waive all rights to review this letter of recommendation. (Choosing not to waive these rights will not affect consideration of your application for admission.)

***This section is to be completed by the recommender and returned directly to the McNair Program office, 2300 Student Community Center. Attach additional pages if needed.***

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1. How long have you known the applicant, and in what capacity?
2. Briefly describe your observations of the applicant’s motivation for graduate study and commitment to the academic and professional goals of attaining a Ph.D.
3. What is your candid appraisal of the applicant’s intellectual ability, aptitude in research, potential for doctoral study, and quality of previous work?
4. List the areas in which you believe this applicant needs to develop further in order to ensure successful admission to an academic doctoral degree program.
5. Rank this student:

Academic performance Intellectual potential Creativity and originality Motivation for graduate study

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Excellent Good Average

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Below Average

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No basis for judgment

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Recommender’s Name School/Other Dept Position/Title Email Address Signature Date

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Mail, fax or email this form to: **UC Davis**

**McNair Scholars Program**

**2300 Student Community Center One Shields Avenue**

**Davis CA 95616**

Fax number: **530-752-0613**

Email address: [**McNair@UCDavis.edu**](mailto:McNair@UCDavis.edu)

*Thank you for your prompt response.*