

LETTER OF RECOMMENDATION

Please check: Faculty Other

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.

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:

	Excellent	Good	Average	Below Average	No basis for judgment
Academic performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity and originality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation for graduate study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recommender's Name _____

School/Other _____ Dept _____

Position/Title _____ Email Address _____

Signature _____ Date _____

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**

Thank you for your prompt response.