RONALD E. McNAIR POSTBACCALAUREATE ACHIEVEMENT PROGRAM
RECOMMENDATION FORM

PART A:
TO BE COMPLETED BY THE APPLICANT

Name:                                                                                                                       Student ID# :

Last                                                        First                                 M.I.

Proposed Graduate Field of Study:                                                           Circle one:     Sophomore        Junior       Senior

Name of Evaluator :                                                                                  Institution:

I agree that the recommendation I am requesting shall be held in confidence by officials of the Southeast Missouri State University and I hereby waive any rights I may have to examine it. □ yes □ no

PART B:
TO BE COMPLETED BY THE EVALUATOR

The Ronald E. McNair Postbaccalaureate Achievement Program prepares first-generation, low-income, and underrepresented juniors and seniors for doctoral studies, through workshops, seminars, lectures, and summer research activity. Your assessment of the applicant’s personality, character, motivation level, capabilities, deficiencies, and aptitude for doctoral study and promise as a professional will assist the program in selecting the best and most deserving participants.

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

Please rate the applicant’s promise as a graduate student in comparison with others of similar age and experience.

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<thead>
<tr>
<th>Attributes/Skills</th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Exceptional</th>
<th>Outstanding</th>
<th>Unable to Judge</th>
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<td>Intellectual Ability</td>
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<td>Research Aptitude</td>
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<td>Motivation/Initiative</td>
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<td>Maturity</td>
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<td>Oral Expression</td>
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<td>Analytical Ability</td>
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<td>Ability to work with others</td>
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<td>Potential as a teacher</td>
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<td>Potential for career</td>
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<td>advancement</td>
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Southeast Missouri State University, Cape Girardeau, MO

Recommendation concerning selection for McNair Scholars program (check one):

☐ I recommend the applicant with confidence.
☐ I recommend the applicant.
☐ I recommend the applicant with reservation.
☐ I do not recommend the applicant.

Please provide any additional comments and/or assessment of the applicant’s potential for success in graduate school. Include any particular strengths and weaknesses. We appreciate your candid appraisal.

Signature
Print Name
Date

Position/Title
Department/Employer

Address
Tel.

Return to:
McNair Scholars Program
Southeast Missouri State University
University Center, Rm. 202, MS 1550
Cape Girardeau, MO 63701