

McNAIR SCHOLARS

Recommendation Form

Clarkson University 235 Bertrand H. Snell Hall P.O. Box 5801 Potsdam, NY 13699

315-268-3951 Fax 315-268-6552

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

(Last Name) (First Name) (Middle Name) (Graduate Discipline of Interest)

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

(Date)

(Signature)

To be completed by recommender and returned by January 20, 2023, directly to McNair Scholars Program at address given above.

The McNair Scholars Program encourages first-generation, low-income, underrepresented juniors to apply, to enter, and succeed in programs of doctoral study. After an intensive ten -week internship, McNair Scholars receive support in writing, submitting, and presenting their research findings at a national conference. Program personnel assist students in the graduate school application process. Please help us assess the promise and motivation of this student. What is your frank appraisal of the applicants 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? To what extent do you believe the applicant could benefit from the program services? If you prefer to write a personal letter rather than use this form, please do so and attach your letter to this form. Thank you for your prompt cooperation.

Summary Evaluation: 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?	BELOW AVERAGE	AVERAGE	SOMEWHAT ABOVE AVERAGE	GOOD	OUT- STANDING	UNABLE TO JUDGE	OTHER COMMENTS
	Lowest 40%	Middle 20%	Next 15%	Next Higher 15%	Highest 10%		
Academic Aptitude and Potential for Graduate Work							
Present Academic Performance in Area of Interest							
Motivation for the Proposed Program of Study							

(Signature)

(Institution)

(Address)

(Name/Title – Please print or type)

(Date)

(Telephone Number)