



## **Faculty Recommendation Form**

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

Name			
Last	First	Middle	
TAMU-CC Student ID#:			
Address			
Street	City	State	Zip
Email		Phone #	
The Family Education Rights and Privacy Act of 1974 educational records. You may, however, waive theI hereby waive my right to examine this lower and the property of t	right to see specific co etter and understand etter.	nfidential letters. that it will not be shared wit	h me.
to or receipt of any other services and benefits from	• •	•	
Signature		Date	
Recommender Section:			
The student named above is applying to the McNair designed to prepare selected undergraduates for gr the mentorship of a faculty member and participate doctoral degree.	aduate study. The stud	dents develop research skills	by conducting research under
In what capacity have you known this student and	for how long?		
Please estimate the student's potential to achieve  High Medium Low  Has the student expressed interest/concerns to yo	u regarding?		
	Yes 	No	
Attending graduate school			
Pursuing a PhD/EdD			
Paying for graduate school			
Going to school in another geographical location			

**Recommender Section Continued:** 

Please briefly describe why you th	ink the student would	be successful as a	McNair Schola	r:	
Please rate the applica	nt in each attribute/sk	xill listed below c	ompared to you	ır other studen	its.
Attributes/Skills	No Basis to Judge	Upper 10%	Upper 25%	Upper 50%	Lower 50%
Intellectual Ability					
Oral Expression					
Written Expression					
Motivation / Willingness to					
Work Hard					
Emotional Maturity					
Dependability					
Creativity					<b></b>
Open-mindedness					
Self – Confidence					<b></b>
Research Ability					<b> </b>
Critical Thinking Ability					<b></b>
Potential for Success in					
Graduate School					
Print					
FIIIIL					
			Title		
			Title		
NameRecommender Signature:			Title Date		