



Recommendation Form

Applicant Information:

Last Name
First Name
MI

Recommending Professor Information:

Last Name
First Name
MI
Department
Tele. #

Dear Professor,

Please complete this recommendation form and return it in a sealed envelope to the McNair office MS 7516. We would appreciate your careful assessment of the applicant's abilities.

Summary Evaluation:

	Top 5%	Above Average	Average	Below Average	Unable to Judge
Academic performance					
Potential for success in graduate school					
Ability to work with others					
Willingness to work hard					

Narrative Evaluation:

Please attach a detailed statement describing your assessment of the applicant in the following domains:

1. How well do you know the applicant?
2. What are some personal characteristics that you think will help and/or hinder the applicant's progress in mentored research?
3. What are the applicant's academic strengths and weaknesses?
4. How well does the applicant work with other people?
5. Would you consider serving as a mentor for this student?
6. Would you recommend the applicant for graduate school?