McNair Scholars Program Recommendation Form

When completed, please email with the attached Recommendation Form to maria.cruz@sjsu.edu . If you have any questions, please contact the McNair Scholars Program Coordinator (Linette Martinez) at linette.martinez@sjsu.edu .

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

Applicant Name _____

Last *First* *Middle*

Address_____ ***City***_____ ***Zip Code***_____

Telephone _____ ***Email*** _____

Graduate Discipline or 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 the Recommender:

Rate the applicant in each attribute/skill listed with 5 being very high and 1 being very low.

Attributes/Skills	5	4	3	2	1	No Basis to Judge
Analytic skills						
Oral communication skills						
Written communication skills						
Ability to work independently						
Ability to work with others						
Potential for graduate school						
Dependability						

The Student named above is applying for the McNair Scholars Program at San José State University. The program is designed to prepare selected undergraduates for graduate study. The students spend time developing research skills and work on a summer research project conducted under the mentorship of a faculty member. ***IN A SEPARATE LETTER HELP US ACCESS THE PROMISE AND MOTIVATION OF THIS STUDENT BY ADDRESSING THE FOLLOWING QUESTIONS:***

1) In what capacity have you known this student and for how long?
2) Please estimate his/her potential as a graduate student.
3) What are the applicant's greatest strengths and weaknesses with regards to academics, research ability or other characteristics relevant to academic success?
4) Provide any additional comments or assessment of the applicant.

Recommendation concerning selection for the program (please check one):

- *I recommend this applicant with confidence.*
- *I recommend this applicant.*
- *I do not recommend the applicant.*

*Evaluator's Name (Print or Type)*_____*Date*_____
*Position/Title and Department*_____

*Evaluator's Signature*_____

 Please Initial Here: _____