



RECOMMENDATION FORM

Please provide this form for the individual providing your recommendation. The **Recommendation Form** and the **Letter of Recommendation** must be saved and submitted to mcnair@csus.edu upon completion.

PART A TO BE COMPLETED BY THE MCNAIR APPLICANT

Applicant's Name (please print):

Last First MI

Proposed Graduate Department or Program Degree

Student ID

PART B TO BE COMPLETED BY RECOMMENDATION PROVIDER

How long have you known the applicant? _____

In what capacity do you know the applicant? _____

The Ronald E. McNair Post Baccalaureate Achievement Program prepares first generation, low income and underrepresented juniors and seniors for graduate education through workshops, seminars, lectures and research. Your assessment of the applicant's personality, character, promise as a scholar, and professionalism will assist the program in selecting the best and most deserving participants. Be sure to include comments relative to the applicant's strengths and weaknesses. The letter of recommendation should be submitted on letterhead if possible. If you have questions please email mcnair@csus.edu or visit us online at www.csus.edu/mcnair.

"Whether or not you reach your goals in life depends entirely on how well you prepare for them and how badly you want them. You're eagles! Stretch your wings and fly to the sky." -- Dr. Ronald E. McNair

SUMMARY EVALUATION FORM

SUMMARY EVALUATION	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	OUTSTANDING	TRULY EXCEPTIONAL	<i>INADEQUATE OPPORTUNITY TO OBSERVE</i>
Applicant's promise as a graduate student, in comparison with others of similar age and experience	MIDDLE 60-69%	NEXT 70-84%	NEXT 85-89%	ALMOST TOP 90-95%	TOP 5%	
RESEARCH APTITUDE						
INTELLECTUAL POTENTIAL						
ABILITY TO WORK WITH OTHERS						
CREATIVITY AND IMAGINATION						
MATURITY						
SELF CONFIDENCE						
COMMUNICATION SKILLS: WRITTEN						
COMMUNICATION SKILLS: ORAL						
ABILITY TO ANALYZE A PROBLEM AND FORMULATE A SOLUTION						
MOTIVATION FOR PROPOSED PROGRAM OF STUDY						
POTENTIAL FOR CAREER ADVANCEMENT						

Please indicate the strength of your overall endorsement by placing an "X" next to your choice below:

Not Recommended Recommended with Reservations Recommended Highly Recommended

Signature _____

Date _____

Name (Please Print) _____

Title _____

Organization/Department _____

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