RECOMMENDATION FORM

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PART A  TO BE COMPLETED BY THE MCNAIR APPLICANT

Applicant’s Name (please print):

Last  First  MI

Proposed Graduate Department or Program  Degree

PART B  TO BE COMPLETED BY RECOMMENDATION PROVIDER

How long have you known the applicant? ____________________________________________________________

In what capacity do you know the applicant? ________________________________________________________

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<thead>
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- Not Recommended □
- Recommended with Reservations □
- Recommended □
- Highly Recommended □

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Signature
Date
Name (Please Print)
Title
Organization/Department

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