RECOMMENDATION FORM

McNair Scholars Program

Kean University ● Townsend Hall ● Room 206
1000 Morris Ave. ● Union ● New Jersey ● 07083
Phone: (908) 737-0272
E-mail: mcnair@kean.edu ● Website: www.kean.edu/mcnair

This section is to be completed by the applicant:

Last Name _____ First Name _____ Graduate Discipline of Interest _____

OPTIONAL: I waive my right to access this recommendation under the Family Educational Rights and Privacy Act (FERPA) of 1974 (P.L.93-380) as amended. Please note signing this waiver in no way influences your admission to the McNair Program or receipt of its services.

Applicant's Signature _____ Date Signed _____

INSTRUCTIONS FOR RECOMMENDER: The student named above is applying for the McNair Scholars Program at Kean University. **Please submit this form for the applicant above to the McNair office or via email at mcnair@kean.edu.**

Please rank the categories below. The range of points is from 0-5. The points mean the following:
5 = Outstanding, 4 = Excellent, 3 =Very Good, 2 = Good, 1 = Average, 0 = Below Average.

Student's Rating							
	5	**4**	**3**	**2**	**1**	**0**	**N/A**
Motivation to pursue graduate study							
Present academic performance in your field							
Academic aptitude and potential for graduate work							
Analytical Skills							
Creativity and problem solving ability							
Responsibility							
Initiative							
Communication Skills							
Interest in college teaching or research as a career							
Self-discipline							

Name: _____ Title: _____

Email: _____ Phone: _____

Signature:_____