

RECOMMENDATION FORM
Bemidji State University TRiO McNair Scholars Program

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

Name: _____

Last
First
Middle
(Intended) Major/Interest

*Optional: 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. This waiver is **not required** as a condition for admission to or receipt of any other services and benefits from the McNair Scholars Program.*

Signature: _____ Date _____

This section is to be completed by the recommender to:

Kelli Steggall
 TRiO McNair Program Director
 Bemidji State University
 1500 Birchmont Dr. NE # 22
 Bemidji MN 56601

To deliver in person, please bring to the Sanford Hall Office # 6

Please attach a short personal letter addressing the following questions and return with this form.

- **What is the extent of your acquaintance with the applicant?**
- **What is your frank appraisal of the applicant's promise as a graduate student and future scholar?**
- **What are the applicant's greatest strengths and weaknesses?**
- **Please indicate whether you will be conducting research during the summer of 2013 and are willing to mentor this scholar or another McNair candidate.**

In comparison with a representative group of students in the same field with approximately the same amount of experience and training, how does the applicant rate in the following areas?

	Below Average	Average	Above Average	Outstanding	Unable to Judge
Academic Aptitude and Potential for Graduate Work					
Academic Performance in Major					
Motivation for Advanced Graduate Study					

Name _____ Title _____

Department _____ Institution _____

Signature _____

Phone _____ Email _____