

**Ronald E. McNair
Post-baccalaureate Achievement Program
Wayne State University**

Student Recommendation Form

Student Applicant – Please complete the following information. Type or print legibly.

Last Name: _____ First Name: _____ M.I. _____

I hereby _____ waive _____ do not waive my right to access this recommendation as so to indicate by my signature below. I understand that this waiver will not affect my admission or my ability to receive any services provided by the McNair Program.

Signature

Date

FOLLOWING SECTION TO BE COMPLETED BY RECOMMENDER

How long have you known the application? _____

In what capacity? _____

Please evaluate the following qualities of the applicant by marking the appropriate responses.

	Outstanding	Above Average	Average	Below Average	Unable to Judge
Open-mindedness					
Perseverance					
Dependability					
Emotional Maturity					
Oral Expression					
Written Expression					
Work Independently					
Cooperative					
Motivation/Initiative					
Intellectual Ability					

Please provide any additional comments and/or assessments of the applicant's ability to participate in the program. We appreciate your candid appraisal.

Continue on a separate page if necessary.

Name: _____ Title: _____

Company/Department: _____

Phone: _____ Email: _____

Signature

Date

Deliver or email form to:

McNair Scholars Program
Office of Federal TRIO
Wayne State University
5700 Cass Avenue, Suite 1330
Detroit, MI 48202

Attn: Marie Villanueva ag9710@wayne.edu

We sincerely thank you for taking the time to complete this form to help us with our selection process. We also appreciate your support of the Program and the students that we serve.

