



Applicant Recommendation Form

Applicant Name: _____ Field of Study: _____

_____ A. I hereby waive my right to access
to this confidential evaluation.

_____ B. I retain my right of access
to this evaluation

The **Ronald McNair Scholars Program** is designed to prepare a select group of scholars for successful entrance into graduate school in order to pursue doctoral studies. The individual named above is seeking admissions to the McNair Scholars Program. Please answer the following questions and **write a candid letter** to assist us in judging the applicant for possible admissions. The applicant's academic capabilities and your estimate of their potential as a doctoral-level graduate student are especially helpful.

1. Among the students at this level in the applicant's discipline whom I have known, I would rank this student among the top _____%.
2. Do you believe the candidate will be successful in the designated degree program? Yes No
3. Please rate the applicant with respect to the attributes listed below.

	Exceptional (Top 1 %)	Outstanding (Top 5%)	Excellent (Top 10%)	Very Good (Top 25%)	Average (Top 50%)	Sub Average (Below 50%)	Unable to Comment
Intelligence							
Scholarly Ability							
Subject Knowledge							
Research Potential							
Teaching Potential							
Writing Ability							
Speaking Ability							
Conscientiousness							

4. **On a separate sheet, please write your candid and specific assessment of the applicant's promise as a graduate student in a doctoral program.**

Name (Please print or type) _____ Title/Position _____

Institution _____ Address _____ Phone Number _____

Signature _____ Date _____

PLEASE RETURN THIS FORM AND LETTER TO:
 The Ronald McNair Scholars Program
 Speech 120, University of Arkansas at Little Rock
 Little Rock, Arkansas 72204