
Letter of Recommendation

Please check: Faculty _____ Other _____

This section is to be completed by the applicant.

Full Legal Name _____

Proposed Field of Graduate Study _____

(Optional) Waiver: I voluntarily waive all rights to review this letter of recommendation conferred by the Family Education Rights and Privacy Act of 1974. (The alternative selected will not affect consideration of the application for admission.)

Signature _____ Date _____

This section is to be completed by the recommender and returned directly to the IUP McNair Scholars Program Office. Attach additional pages if needed. Optionally, recommenders may submit a letter typed on university letterhead.

1. How long have you known the applicant and in what capacity?

2. Briefly describe your observations of the applicant's motivation for graduate study and/or commitment to the academic and professional goals of earning a Ph.D. or Ed.D.

3. What is your candid appraisal of the applicant's intellectual ability, aptitude for research potential for doctoral study, and quality of previous work?

4. Please discuss the knowledge and skills you believe this applicant needs to develop to ensure his/her successful admission to an academic doctoral-degree program.

Recommender's Name: _____ Phone: _____

School/Other: _____ Position/Title: _____

Address: _____

Signature: _____ Date: _____

<p>Please mail this form to: IUP McNair Scholars Program Indiana University of Pennsylvania 430 Sutton Hall Indiana PA 15705-1087</p>
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Thank you for your prompt consideration.