Faculty Recommendation Instructions
McNair Scholars Program
Abilene Christian University

To the applicant: Please print your name below and sign and date one of the two statements.

Applicant’s name (print): ________________________________

I waive my rights to access this recommendation letter and understand that I will not be able to see it under any circumstances.

Applicant signature: _____________________________ (Date) ______________

I do not waive my right to access this recommendation letter.

Applicant signature: _____________________________ (Date) ______________

To the faculty member writing the letter:

Thank you for taking the time to write this recommendation letter. Please address the following in a letter to our office:

• How long and in what capacity have you known the applicant?
• How does the applicant respond to change and/or major challenges?
• Does the applicant possess the drive and commitment necessary to pursue graduate study and succeed in doctoral education?
• Do you believe the applicant has the potential to conduct major research in his/her field of study if given the opportunity and necessary preparation?
• In what areas do you feel the applicant needs assistance and/or development?
• Is there any additional information you believe would be helpful to the McNair Scholars Program while considering this student?

**Recommendation letters need to be received by our office by no later than 5:00pm on Tuesday, November 3, 2015. Please mail your recommendation, along with this form, to the McNair Scholars Program, ACU Box 29205, Abilene, TX 79699, or scan and email to hilary.simpson@acu.edu.**