

## ***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) \_\_\_\_\_

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### **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 1, 2016. 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](mailto:hilary.simpson@acu.edu).***