

Faculty Recommendation Form
McNair Scholars Program
Abilene Christian University

Applicant Name _____ Date _____

Dear Faculty Member:

The above named student has applied to the McNair Scholars Program at Abilene Christian University. This form denotes that you have been chosen to submit a recommendation on his/her behalf. We would appreciate your effort in addressing any of the following qualifications in reference to the above student. Thank you for your time and effort in writing this recommendation.

Questions/Issues relevant in being considered for the McNair Scholars Program.

- 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 to pursue graduate study and succeed in doctoral education?
- Do you believe that the applicant has the potential to do major research in his/her field of study, if given the opportunity and preparation?
- In what areas do you feel the applicant needs assistance and /or development?
- Is there any additional information you think helpful to the McNair Scholars Program in considering this student?

Please return your recommendation in a sealed envelope to: McNair Scholars Program
ACU Box 29205
Abilene, TX 79699

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