

FACULTY LETTER OF RECOMMENDATION

To be completed by a faculty member from SOU. (If this is your first term at SOU a faculty member from your previous college/university (*who teaches in your academic major discipline area*) may write a letter of recommendation for you).
Individual LOR Forms can be downloaded at: <https://mcnair.sou.edu/sou-mcnair-application-process/>)

This section must be completed by the applicant prior to submission to the recommender.

Applicant Full Legal Name or Preferred Name: _____

Applicant SOU ID#: _____

SOU _____

Major(s): _____

Proposed Field of Graduate Study: _____

Please check one: (the alternative you select will not affect consideration of your application for admission)

- ☐ (*Optional*) Waiver: I voluntarily waive all rights to review this letter of recommendation conferred by the Family Education Rights and Privacy Act of 1974, as amended.
- ☐ I do not waive my rights to review this letter of recommendation.

Signature _____

Date _____

To the Recommender: The McNair Program is designed to prepare student participants for doctoral studies through involvement in research and other scholarly activities. The Program will work closely with these students throughout their undergraduate years, encourage their entrance into graduate programs and track their progress to successful completion of advanced degrees.

Please note: If the student has not waived rights (above), the student may request a copy of this form and accompanying letter.

Please attach to this form a letter about the applicant. In this letter, please address the following:

- How long have you known the applicant and in what capacity?
- Evaluate the applicant's:
 - academic aptitude and preparation for graduate work, including oral and written communication;
 - motivation for the pursuit of advanced graduate study and attaining a Ph.D.;
 - recent academic performance in the major or in the minor.
- Comment on the specific areas that this applicant will need to develop in order to be a competitive applicant for graduate school admission.

If the applicant is selected for participation in the SOU McNair Program, and if you are a SOU Faculty Member with a Ph.D., would you be willing to serve as the applicant's McNair Faculty Mentor?

- ☐ Yes
- ☐ No
- ☐ Not Applicable

Recommender's Name _____ Date _____

School/Department _____ Position/Title _____

Address _____

Signature _____ Date _____

Please return this form and letter to the McNair Program by email at: McNair@sou.edu, or provide the documents in a sealed envelope with your signature across the sealed closing to the applicant to include in their application packet.

Thank you for your timely response.