You must submit a recommendation from a faculty member or academic advisor who can address your qualifications for the USD TRiO McNair Scholars Program.

---

**WAIVER**

**Student Name:** ____________________________  
Last  
First  
MI

This form will be used solely by the USD TRiO McNair Scholars Program. You may choose to waive your right to inspect this recommendation when completed, and understand that it will remain confidential. This will assure your reference that their remarks will remain confidential. Please indicate your decision by writing your initials on the appropriate line. You must sign and date this form before submitting it to your recommender.

____ I DO waive my right to review this form  
____ I DO NOT waive my right to review this form

____________________________________________________________  
Signature  
____________________________________________________________  
Date

---

**RECOMMENDATION**

The above student is applying for acceptance into the McNair Scholars Program. A candid evaluation of the student is greatly appreciated.

Name of reference: _________________________________________________________________________

How long have you known the applicant? ________ Years ______ Months

In what capacity do you know the applicant? _____________________________________________________

Please rate the applicant on the following characteristics:

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Not Observed</th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Exceptional</th>
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<td>Commitment &amp; Persistence</td>
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</table>

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TRiO McNair Scholars Program is a 100% federally funded Program by the U.S. Department of Education
Return Application to:  
The Rock, The River, The Tree: TRiO McNair Scholars Program  
5998 Alcalá Park, BA 301, San Diego CA 92110  
Fax: (619) 260-7620
Please comment on the applicant’s academic/personal strength(s).

_________________________________________________________________________________________
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Please comment on the applicant’s potential for success in graduate studies.

_______________________________________________________________________________________
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**Evaluator Information**

Signature: 
______________________________

Title: 
______________________________

Organization/School/College: 
______________________________

Phone Number: 
______________________________

Email Address: 
______________________________

Date: 
______________________________

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