

McKNIGHT DOCTORAL FELLOWSHIP PROGRAM CONFIDENTIAL RECOMMENDATION FORM

Applicant _____ Degree Sought _____

Field of Study _____

TO THE APPLICANT:

Deliver this form directly to a person who is well acquainted with your academic record and who can speak explicitly about your academic achievements and potential. You should supply this person with a stamped envelope addressed to:
The FEF, 201 East Kennedy Boulevard, Suite 1525, Tampa, Florida 33602.

Please read the following carefully. Signing it is optional.

The Family Educational Rights and Privacy Act of 1974, as amended, opens many student records, including letters of recommendation, for the student's inspection. The law also permits a student to sign a waiver relinquishing his/her right to inspect letters of recommendation. You are not required to sign a waiver, either for admission or for the Fellowship.

I hereby waive my right of access to this recommendation and any appropriate attachments which have been written by _____. This waiver is effective insofar as the recommendation is used solely for the purpose of admission or award of fellowship or other financial aid, if applicable.

Name _____ Date _____ Signature _____
Please print.

TO THE REFEREE:

The person named above is applying for admission to graduate study at one of the Florida universities listed below and for a McKnight Doctoral Fellowship. These Fellowships are designed to provide African Americans and Hispanics greater opportunities to earn doctoral degrees. Participating universities are:

Florida A&M University
Florida Atlantic University
Florida Institute of Technology

Florida International University
Florida State University
University of Central Florida

University of Florida
University of Miami
University of South Florida

Please complete the following items:

- I have known the applicant for ___ years as his/her _____. I have known him/her ___ well or ___ only slightly.
- Do you believe that the candidate will be successful in the degree program designated above? _____
- Summary Evaluation: Overall academic ability and promise for research. Comparing the applicant with a representative group of students in the same field who have had approximately the same amount of experience and training, how do you rate him/her in GENERAL ALL-AROUND ACADEMIC ABILITY AND PROMISE FOR RESEARCH?

BELOW AVERAGE	AVERAGE	SOMEWHAT ABOVE AVERAGE	GOOD	UNUSUAL	OUTSTANDING	TRULY EXCEPTIONAL	INADEQUATE OPPORTUNITY TO OBSERVE
Lowest 40%	Middle 20%	Next 15%	Next Highest		Highest 10%		

- ON A SEPARATE SHEET OF LETTERHEAD STATIONERY, please write your candid assessment of the applicant's promise as a graduate student in a doctoral program.

Name (please print or type) _____ Title _____

Institution _____

Address _____

Signature _____ Date _____

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