



UNIVERSITY OF LOUISIANA
AT LAFAYETTE

RECOMMENDATION FORM

UL McNair Achievement Program

Department of Special Services
215 Declouet Hall
P.O. Box 43452
Lafayette, LA 70504-3452
(337) 482-6208

INSTRUCTIONS: The students named below is applying for an undergraduate research program at the University of Louisiana at Lafayette. On the back of this form, write any comments or information that would help assess this applicant's potential for this program. Upon completion, return the form directly to Mr. Joseph Cotton (Administrative Coordinator) or Ms. Rachel Meullion (Program Assistant).

PLEASE FILL IN USING A TYPEWRITER OR BLUE OR BLACK PEN

Letter of Reference for: _____

Applicant's Last Name

First

Middle

Reference completed by: _____

Last Name

First

Middle

Title and Department

Address

Phone

In what capacity have you known this student? _____ For how Long? _____

In which of your classes has this student enrolled for (note the grade that student received)?

Course Title

Grade

Course Title

Grade

Criteria Rating	Above Average	Average	Below Average	No Knowledge
Openness to Ideas				
Analytical Skills				
Communication Skills- Oral Written				
Ability to work with others				
Potential for Graduate School				
Self-Motivation				
Social Sensitivity				
Personal Responsibility				

Additional Comments _____

Reference Signature _____

Date _____