

Recommendation Cover Sheet & Waiver Statement

INSTRUCTIONS TO APPLICANTS:

Complete and sign this document and send it to your references along with the McNair Recommendation Form. We strongly advise that you meet with your recommenders to discuss your graduate school, research, and career interests. We also encourage you to send your recommenders a copy of your McNair application personal statement, resume, transcripts, and a writing sample to give them a well-rounded view of your background, skills, and goals.

Applicant's Name: _____

Field(s) of Interest for Graduate Study: _____

Research Interests: _____

WAIVER OF VIEWING RIGHTS:

Agreeing to this waiver is not required as a condition for admission to or receipt of any services or benefits from the University of Florida McNair Scholars Program. All rights of access to this confidential recommendation conferred by the Family Educational Rights and Privacy Act of 1974 (P.L. 93-380) as amended, or otherwise, are hereby voluntarily waived.

- Yes, I WAIVE my right of access to view this recommendation.
- No, I DO NOT waive my right of access to view this recommendation.

Applicant's Signature: _____ Date: _____