



# McNair Scholars Program

## Request Form for Letters of Recommendation and Fee Waivers

**INSTRUCTIONS – PLEASE PRINT OR TYPE – SIGN BOTTOM OF FORM**

1. All requests must be submitted to the McNair Scholars Program at least **4 weeks prior to the application deadline**.
2. Requests must contain **complete** contact information for each school.
3. If your recommendations must be accompanied by school-specific forms, please attach them to this request.
4. Make a copy of this form before submitting it for processing

<b>#1. Graduate School :</b>		<b>Attention:</b>	
<b>Name of Program:</b>		<b>Street Address:</b>	
<b>Application Deadline:</b>		<b>Suite #:</b>	
<b>Type of Letter: (Reference/fee waiver)</b>		<b>City, State:</b>	
<b>School Specific Form Required (Yes/No)</b>		<b>Zip Code:</b>	
<b>#2. Graduate School :</b>		<b>Attention:</b>	
<b>Name of Program:</b>		<b>Street Address:</b>	
<b>Application Deadline:</b>		<b>Suite #:</b>	
<b>Type of Letter: (Reference/fee waiver)</b>		<b>City, State:</b>	
<b>School Specific Form Required (Yes/No)</b>		<b>Zip Code:</b>	
<b>#3. Graduate School :</b>		<b>Attention:</b>	
<b>Name of Program:</b>		<b>Street Address:</b>	
<b>Application Deadline:</b>		<b>Suite #:</b>	
<b>Type of Letter: (Reference/fee waiver)</b>		<b>City, State:</b>	
<b>School Specific Form Required (Yes/No)</b>		<b>Zip Code:</b>	

In accordance with the Federal Family Educational Rights and Privacy Act, I understand that I may voluntarily waive my right to inspect or view this recommendation letter that is being submitted in support of my application to graduate school. I further understand that if I waive my right to inspect or view this recommendation such action is irrevocable and I will not be permitted to view or otherwise obtain any information contained in this letter. Confidential letters are submitted directly to the institution by the McNair Program.

I waive my right to inspect or view this letter.

I decline to waive my right to inspect or view this letter.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_