



**Academic Information:**

**Major** \_\_\_\_\_ **Minor** \_\_\_\_\_

Major Advisor \_\_\_\_\_

Class standing at end of this Semester:  Sophomore  Junior  Senior

Cumulative: Credit Hours \_\_\_\_\_ Grade Point Average \_\_\_\_\_

*If your GPA is not at least 3.0, please provide:*

Major: Credit Hours \_\_\_\_\_ Grade Point Average \_\_\_\_\_

List academic distinctions, leadership activities and/or honorary achievements including:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you interested in applying to graduate school?  YES  NO

If yes, in what discipline? \_\_\_\_\_

I want to receive a:

- Dr. of Philosophy-PhD  Dr. of Education-EdD  Dr. of Medicine-MD
- Doctor of Veterinary Medicine-DVM  Dr. of Jurisprudence (Law Degree)
- Other Doctorate \_\_\_\_\_

List the graduate schools you are interested in attending:

\_\_\_\_\_  
Institution City State

\_\_\_\_\_  
Institution City State

\_\_\_\_\_  
Institution City State

\_\_\_\_\_  
Institution City State

\_\_\_\_\_  
Institution City State

**McNair Research Preference:**

Identify your preference for a research project: \_\_\_\_\_

\_\_\_\_\_

List three professors you would like to mentor you: (1) \_\_\_\_\_

(2) \_\_\_\_\_ (3) \_\_\_\_\_

**Sul Ross State University**  
**Ronald E. McNair Post Baccalaureate Achievement Program**  
**Needs Survey**

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

**Graduate School Planning**

Mark your level of agreement with each of the following statements, based on the following scale:

*1=strongly disagree 2=disagree 3=neutral 4=agree 5=strongly agree*

1. I am knowledgeable about graduate school admission requirements.  
 1       2       3       4       5
2. I am familiar with research methodology and its applications.  
 1       2       3       4       5
3. I am familiar with teaching careers at the college level.  
 1       2       3       4       5
4. I have written research reports and made presentations at conferences/symposiums.  
 1       2       3       4       5
5. I am familiar with the steps of writing for publication.  
 1       2       3       4       5
6. I am knowledgeable of financial aid resources to pay for graduate school.  
 1       2       3       4       5
7. I am aware of the steps to obtain a doctoral degree (PhD, EdD, etc.).  
 1       2       3       4       5
8. I am familiar with “networking” and “mentoring” and its impact on professional success.  
 1       2       3       4       5
9. I am aware of doctoral study tenets and how to manage tasks and reach my goals.  
 1       2       3       4       5
10. I am aware of the GRE, its contents, and test preparation resources.  
 1       2       3       4       5
11. I am comfortable with writing personal statements, vitae, and resumes.  
 1       2       3       4       5
12. I am familiar with how to apply for graduate assistantships.  
 1       2       3       4       5
13. I am familiar with strategies in developing critical thinking skills.  
 1       2       3       4       5

**Specific Skill Development**

Mark the following skill(s) with which you feel least comfortable:

- Computer Skills
- Library Research
- Time Management
- Test Taking
- Research (hands-on)
- Research Paper Development
- Statistical Analysis
- Presentation Skills

**Personal/Social Development**

Listed below are a number of areas of your life that may influence your studies and your progress toward obtaining your graduate degree. Please mark the item(s) for which you may want to discuss:

**Key Areas of Need**

- Housing
- Transportation
- Employment
- Financial Worries
- Budgeting Skills

**Personal Relationships**

- Parents
- Spouse
- Significant Other
- Sibling(s)
- Friends
- Roommate

**Campus Relationships**

- Student and/or Peer
- Faculty Research Mentor
- Professor/Instructor
- Staff Member

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Sul Ross State University**  
**Ronald E. McNair Post Baccalaureate Achievement Program**  
**Signature Release Form/Certification**



**Name** \_\_\_\_\_ **ID#** \_\_\_\_\_  
(Please type or print)

This release form enables the SRSU McNair Project to obtain the following information for the purpose of determining program eligibility, developing educational plans, and collecting program statistics:

- Admission and enrollment documents
- Grade reports and transcripts
- Financial aid reports and information regarding taxable income, awards received, and unmet need
- U.S. Residency status
- Current personal information (address, phone number, e-mail address)
- Past TRIO participation

Aspects of this information and the nature of your participation in the McNair Program may be shared with the U.S. Department of Education and SRSU personnel in accordance with federal regulations and SRSU policy.

***My signature below indicates that I hereby authorize the release of my academic, personal, and financial records to the McNair Post Baccalaureate Achievement Program at Sul Ross State University for the purpose of serving my needs and meeting its federal regulations. I also hereby attest that, to the best of my knowledge, the information given in this application is true, complete, and accurate.***

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



Sul Ross State University  
Ronald E. McNair Post Baccalaureate Achievement Program  
*Income Verification*



**Please provide the following financial information from your parent's/your most recent tax return:**

Student's Name: \_\_\_\_\_

Filing year: \_\_\_\_\_

Adjusted Gross Income: \$ \_\_\_\_\_

Number in Household: \_\_\_\_\_

Filing Status (circle one):      Single                      Married-Filing Jointly  
   Married-Filing Separately              Head of Household              Qualified Widower

Taxable Income: \$ \_\_\_\_\_

**I hereby certify that the above information is true and accurate to the best of my knowledge.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

**Student signature only needed if considered independent in accordance with the financial aid office**

\_\_\_\_\_  
Independent Student's Signature

\_\_\_\_\_  
Date

**Alternative to this form – you may submit a copy of yours and/or your parents most recent Federal Income Tax Return**



**Sul Ross State University**  
**Ronald E. McNair Post Baccalaureate Achievement Program**  
**Recommendation Form**  
 Box C-63 • Sul Ross State University • Alpine, TX 79832



**Student Applicant** – Please complete the following information. (Type or print legibly)

\_\_\_\_\_

Last NameFirst NameMI

Optional: I hereby waive my right to have access to this recommendation as so indicated by my signature below. I understand that this waiver will not affect my admission or my ability to receive any services provided by the McNair Program.

\_\_\_\_\_

SignatureDate

**The following section is to be completed by a faculty member.**

This is my evaluation of: \_\_\_\_\_ . I have known this applicant for \_\_\_\_\_ years in this capacity: \_\_\_\_\_ .

*Please evaluate the following qualities of the applicant by circling the appropriate responses.*

Promise as a graduate student	superior	above average	average	below average	unable to judge
Perseverance	superior	above average	average	below average	unable to judge
Dependability	superior	above average	average	below average	unable to judge
Maturity	superior	above average	average	below average	unable to judge
Oral expression	superior	above average	average	below average	unable to judge
Written expression	superior	above average	average	below average	unable to judge
Ability to work independently	superior	above average	average	below average	unable to judge
Potential to plan/conduct research	superior	above average	average	below average	unable to judge
Initiative	superior	above average	average	below average	unable to judge
Knowledge and intellectual ability	superior	above average	average	below average	unable to judge

Remarks:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name (printed) \_\_\_\_\_ Title \_\_\_\_\_

E-Mail \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



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Knowledge and intellectual ability	superior	above average	average	below average	unable to judge

Remarks:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name (printed) \_\_\_\_\_ Title \_\_\_\_\_

E-Mail \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_





**Sul Ross State University**  
**Ronald E. McNair Post Baccalaureate Achievement Program**  
***Statement of Purpose and Academic Documents***



Please submit a personal statement to the McNair Program office (BAB319) or via email

([dvargas@sulross.edu](mailto:dvargas@sulross.edu)).

- Write a personal statement describing your experiences as an undergraduate student and your goals moving forward to graduation, graduate school and potentially a doctoral program. What potential barriers do you think you may face along the way? And how do you think the McNair program will help you achieve your educational and career goals?

Please provide the following academic documents:

- Official signed degree plan.
- Academic transcript (unofficial from self-service banner/Lobo Online is accepted).



**Sul Ross State University**  
**Ronald E. McNair Post Baccalaureate Achievement Program**  
***Application Packet Checklist***



- Participant Application**
- Needs Survey**
- Release of Information**
- Income Verification**
- Recommendation 1**
- Recommendation 2**
- Official Degree Plan**
- Academic Transcript**
- Statement of Purpose**

Thank you for submitting your application.

Dominique Vargas  
Director, McNair Scholars Program  
[dvargas@sulross.edu](mailto:dvargas@sulross.edu)  
432.837.8019 (phone)  
432.837.8620 (fax)  
BAB 319