

## Fall 2025 McNair Doctoral Program

**Application Deadline: March 1, 2025**

The purpose of the **Ronald E. McNair Doctoral Program** at the University of Florida (UF) is to enroll and support selected students who participated in McNair undergraduate research programs across the nation. The national goal of the McNair Doctoral Program is to increase the number of Ph.D. recipients from historically marginalized segments of our society. Departments provide McNair Doctoral Scholars with at least a 0.50 FTE research or teaching assistantship (RA/TA) and health insurance for the first two years. The Graduate School will cover a \$13,000 stipend, tuition, and fees for the first two years. For the third through fifth years, departments are to provide an RA/TA at the 0.5 FTE rate and cover tuition, fees, and health insurance.

**Required materials:** Your application package must include...

- This form, completely filled out on both sides.
- An official letter from your undergraduate McNair Scholars Program director stating that you are/were a scholar in good standing with that program.
- Your unofficial transcripts.
- A copy of your official UF graduate admission acceptance letter.
- Your personal statement (see next page for instructions).

**Submission:** Email your application package as a **single PDF file** to [grad-support@ufl.edu](mailto:grad-support@ufl.edu) or mail it to:

UF Office of Graduate Student Support & Engagement (OGSSE)  
 University of Florida Graduate School  
 123 Grinter Hall · POB 115500  
 Gainesville FL 32611

**Notification:** OGSSE will notify you of the decision made on your application by email.

**Questions?** Please email OGSSE at [grad-support@ufl.edu](mailto:grad-support@ufl.edu) or telephone 352 392 6444 or toll-free 1 800 753 9798.

**Please keep a copy of this form and your application materials for your own records.**

PERSONAL AND CONTACT INFORMATION				
<b>UFID Number</b>	<b>Name (Last, First, Middle Initial)</b>			
<b>Mailing Address</b>			<b>Apartment/Unit #</b>	
<b>City</b>			<b>State</b>	<b>Zip Code</b>
<b>Area Code and Telephone</b>		<b>Email</b>		
<b>Date of Birth</b>	<b>Citizenship</b>			
<b>Ethnicity</b>		<b>If other, please specify</b>		
EDUCATIONAL HISTORY				
<b>Were you ever a participant in the Ronald E. McNair Scholars Program?</b>				
<b>If yes, specify dates of participation</b>				
<b>Degrees earned at previous institution</b>		<input type="checkbox"/> BA <input type="checkbox"/> BS <input type="checkbox"/> MA <input type="checkbox"/> MS <input type="checkbox"/> PhD <input type="checkbox"/> Other		
<b>If other, please specify</b>		<b>Academic Discipline</b>		
<b>Undergraduate GPA</b>		<b>Graduate GPA</b>		
<b>GRE Scores</b>		Verbal		Quantitative      Analytical
YOUR UNIVERSITY OF FLORIDA EDUCATIONAL PLANS				
<b>Degrees sought</b>		<b>If other, please specify</b>		
<input type="checkbox"/> MA <input type="checkbox"/> MS <input type="checkbox"/> PhD <input type="checkbox"/> Other				

<b>College</b>	<b>Department</b>
<b>Research Advisor</b>	
<b>Department Graduate Coordinator</b>	

### PERSONAL STATEMENT

Please submit your personal statement on a separate sheet of paper. Limit your personal statement to no more than two pages, in 12-point typeface, double-spaced. Be sure to include your name on your statement. Your statement ought to articulate your goals and expectations while demonstrating your critical thinking skills and ability to express your thoughts in a scholarly manner. Your statement is to address these topics:

1. Your short-term and long-term academic and professional goals.
2. Your view of the benefits of increasing campus diversity within both the student body and the faculty.
3. How your graduate research will contribute to enhancing diversity in an increasingly global community.
4. How the McNair Scholars program has prepared you for graduate education.

### SIGNATURE

**Name**

By signing this application, I confirm that the information provided on this form is complete and accurate. I understand that any portion of the application package that is incomplete will disqualify my application from consideration. I also acknowledge that if I purposely provide any false information in my application package, I may be subject to fine, imprisonment, or both under 837.06 Florida Statute.

Signature

Date

**Please keep a copy of this form and your application materials for your own records.**

### OFFICE USE ONLY

**Decision**

**Funding Amount**

**Notes**

Signature

Date