Graduate Student Research Fellowship
2016-17 Recommendation

To be completed by the applicant:

Under the provisions of the Family Educational Rights and Privacy Act of 1974, this applicant will have access to the information provided below unless he/she has waived such access.

I hereby waive my right of access to the information recorded below.

___________________________ __________________________  _________
Applicant Name    Applicant Signature   Date
(type name for electronic signature)

To be completed by the applicant’s faculty advisor:

The student listed above has applied for a Graduate Student Research Fellowship. Please provide a very brief statement about this student’s progress to either the preliminary examinations or the completion of the dissertation (whichever is appropriate). Please also indicate the applicant’s potential contribution to the Institute’s program and community. Attach pages as necessary.

Please check:

1. __  The applicant has submitted a research plan to me for the use of Graduate Student Research Fellowship funds.

2. __  I support this plan and this student’s application for a Graduate Student Research Fellowship.

___________________________ __________________________  _________
Faculty Advisor Name   Faculty Advisor Signature  Date
(type name for electronic signature)

Faculty advisor: Please send this form via email (eisenberginstitute@umich.edu), fax (734-615-4370), or deliver to 1521 Haven Hall by March 7, 2016.