**Graduate Student Research Fellowship**

**2018-19 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 may waive this right of access via email.

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

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.

Advisor may provide this information and signature via email.

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 2, 2018.