

Graduate Student Research Fellowship 2024-25 FERPA Waiver and Recommendation Cover Form

Part 1: To be completed by the applicant:

Under the provisions of the Family Educational Rights and Privacy Act (FERPA) of 1974, this applicant will have access to the information provided below unless he/she has waived such access. Applicant may waive this right of access via email/electronic signature.

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

Applicant Name

Applicant Signature (type name for electronic signature) Date

Applicant: After completing part 1, please send this form to your faculty advisor.

Part 2: 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 via email/electronic signature.

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 (type name for electronic signature)

Date

Faculty advisor: Please send this completed form and attachments via email (eisenberginstitute@umich.edu) or deliver to 1521 Haven Hall by February 23, 2024.

