

This form must be completed by the applicant's faculty adviser and submitted as your letter of recommendation through the Grad Rebel Gateway by 9 p.m. on Sunday, March 26, 2017, in order for your graduate student to be considered for the Summer Doctoral Research Fellowship Program.

Student Nomination Information

I would like to nominate the student below for the Summer Doctoral Research Fellowship Program:

Student name (type name))

Indicate your level of support for the student's nomination for a Summer Doctoral Research Fellowship.

- | | |
|---|---|
| <input type="checkbox"/> Strongly Support | <input type="checkbox"/> Somewhat Support |
| <input type="checkbox"/> Support | <input type="checkbox"/> Do not Support |

Please explain why this student should receive a Summer Doctoral Research Fellowship: (300 words or less)

Please describe what research, scholarship, or creative activity your student will engage in this summer, if funded: (300 words or less)

Specifically, how will this Fellowship benefit your student’s degree progression? *(300 words or less)*

Faculty Signature

By signing below, I certify that all information on this nomination form is accurate.

Faculty signature (type name)

Date