

## **Graduate Student Research Fellowship** 2025-26 FERPA Waiver and Recommendation Cover Form

## Part 1: To be completed by the applicant:

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this app	plicant will have access to th	Educational Rights and Privacy Act information provided below unless this right of access via email/electron	s he/she has waived	
I hereby waive my right of access to the information recorded below.				
Applic	ant Name	Applicant Signature (type name for electronic signature)	Date	
Applicant	After completing part 1, p	olease send this form to your facul	ty advisor.	
D 12 T				
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	1 The applicant has submitted a research plan to me for the use of Graduate Student Research Fellowship funds.			
2	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 March 7, 2025.