

UNDERGRADUATE RESEARCH OPPORTUNITY PROGRAM

Faculty Endorsement Form

(This form is to be completed and sent under a separate cover by the supervising faculty member.)

Supervising Faculty Member's Name	Department
Student Project Title	

Student Instructions:

The Waiver of Access that follows is to be signed by each student applicant for this project; only one student is required to sign for Summer Fellowships.

In accordance with the Family Educational Rights and Privacy Act of 1974.

- I waive my right of access to this letter of recommendation and any accompanying documents.
 I do not waive my right of access to this letter of recommendation and any accompanying documents.

Applicant Signature

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Faculty Instructions:

In your letter, please address both the ways you will help the student(s) bring his/her/their project to completion and the following questions regarding the application:

1. The applicant's or applicants' ability to carry out the proposed project
2. The merit of this project and its potential impact
3. The specific benefit that a UROP grant would give this project, compared to a project without a grant.

Supervising Faculty Member's Signature

Please send this form and your letter of recommendation to **UROP Program, ISLA, 101 O'Shaughnessy Hall.**

****Note:** If the student is applying for both the Research and Materials Grant and the Summer Fellowship at the same time, only one copy of this letter of recommendation is needed to support both applications.