

**UNIVERSITY of LOUISVILLE
DEPARTMENT OF POLITICAL SCIENCE GRADUATE STUDENT GRANTS
RECOMMENDATION FORM**

To Be Completed by Applicant:

Applicant's Name: _____

Name of Faculty Recommender: _____

I do/ do not (circle one) waive my right to see this recommendation.

Signature: _____ Date: _____

To Be Completed by Faculty Recommender:

In what capacity have you known the applicant?

Please Comment Briefly on the Following:

1. Applicant's Academic Performance:

2. How will the proposed activity enhance this student's academic experience?

3. Other comments or concerns

Recommendation:

- _____ Recommend with confidence
- _____ Recommend with reservations (please explain in #3 above)
- _____ Do not recommend

Faculty Name: _____

Signature: _____ **Date:** _____

Faculty should give return the completed form to Mrs. Arlene Brannon, Department of Political Science, University of Louisville