

**THE UNIVERSITY of LOUISVILLE**  
**DEPARTMENT OF POLITICAL SCIENCE UNDERGRADUATE GRANTS**  
**RECOMMENDATION FORM**

**To Be Completed by Applicant:**

Applicant's Name:

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Name of Faculty Recommender:

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**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 this form to the student in a sealed and signed envelope. The student should include this envelope with his or her application form.**