

THE UNIVERSITY of LOUISVILLE
DEPARTMENT OF POLITICAL SCIENCE UNDERGRADUATE 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 this form to the student in a sealed and signed envelope. The student should include this envelope with his or her application form.