

Faculty Letter of Support

JEROME DAVIS RESEARCH AWARDS

Faculty Project Advisor: _____

Student Name(s): _____

Project Title: _____

Faculty Signature: _____ Date: _____

To be completed by a FACULTY MEMBER: **No application will be considered without a letter of recommendation due by September 10, October 10th, November 10th, December 10th, January 10th, March 10th, or May 10th, depending on which application cycle you wish for the application to be considered in.**

Please submit this form as a PDF to this Google Form.

1. Will you be the primary advisor on this project? ____ YES ____ NO
2. Briefly discuss the strengths and weaknesses of the research proposal (e.g. Is the topic appropriately defined? Are the proposed methods appropriate for the research design?, Can this project be completed in the proposed time frame?)
3. Please comment on the ability of the student(s) to complete this research project. (e.g. past research experience, appropriate coursework, skills, etc.)
4. Is there any information that you would like to convey to the committee?