

Advisor Recommendation for the University of Oregon Women in Graduate Science Single Parent Award

To the applicant: After completing the top section, give this form to your university faculty advisor.

Name of applicant _____ (Please Print)

Under the Federal Family Education Rights and Privacy Act of 1974 registered, students have a right to access this evaluation. Please check only one option below.

- I will have access to this recommendation
- I will not have access to this recommendation.

Signature _____ Date _____

To the faculty member: Please provide information about the student named above. Your personal evaluation of the student's academic performance will be helpful to the committee in administering the awards.

Advisor's signature _____ Date _____

Advisor's Name (Please Print) _____

Deadline: April 15th

Title and department _____

Does this student earn the over the normal departmental stipend? ____YES ____NO

How do you believe this student would benefit from this funding? (the award is \$1,200 for one year)

Feel free to add additional comments on an attached page.

Please return the form to the UOWGS Awards mailbox in the Graduate School Office (125 Chapman Hall). If you have any questions, please contact the UOWGS at uowgs@uoregon.edu. This document is due by 5PM on April 15th.