



Major/Minor: _____ GPA: _____

In accordance with the Family Education Rights and Privacy Act of 1974, candidates may wish to waive their rights to see their recommendation letters. Please select only one option below:

- I agree to waive my right to see my recommendation letter.
- I do not agree to waive my right to see my recommendation letter.

The above student is applying for a Mellon Mays Undergraduate Fellowship. The MMUF program is “the centerpiece of the Andrew S. Mellon Foundation’s initiatives to increase diversity in the faculty ranks of institutions of higher learning.” The program offers intensive intellectual and social support for eligible students

’s junior and senior years.

To be completed by the Faculty Mentor:

We would appreciate your taking the time to complete this referene form (it can becompleted online as an Adobe Form)

Name _____ Title _____
 Department _____
 Phone Extension: _____ E-mail address _____
 How long have you known the applicant? _____

In addition to this completed form, please mail a letter of recommendation addressing the applicant’s potential for graduate study and a career in research and teaching. Please also include your endorsement/statement of support for the applicant’s proposed research project and affirm your willingness to mentor this student.

Application materials should be sent to Elizabeth Palmer at epalmer@bowdoin.edu Your evaluations will be confidential.

Signature: _____ Date: _____