



HORACE H. RACKHAM SCHOOL OF GRADUATE STUDIES  
University of Michigan

# STUDENT SERVICES: FELLOWSHIPS

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## Recommendation Form For the Lurey Fellowship

Recommender: Please complete this form and return it to the Fellowships Office, by **OCTOBER 20, 2006**. This student is applying for a grant to study/research in France for one year. Please enter your comments below or attach a letter on letterhead to this form.

Name of Applicant \_\_\_\_\_ Department \_\_\_\_\_

Under the provisions of the Family Educational Rights and Privacy Act of 1974, this applicant will have access to the information provided below unless he/she has waived such access.

*I hereby waive my right of access to the information recorded below.*

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

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Name of Recommender \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

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