FACULTY WAIVER FORM
Due Wednesday, March 16, 2016.

TO BE COMPLETED BY APPLICANT

APPLICANT’S NAME: ____________________________________________

DEPARTMENT: _________________________________________________

FACULTY MEMBER’S NAME: _____________________________________

POSITION/TITLE AND DEPT: ________________________________

You may use this form for any of the IIS fellowships listed below. If a professor is recommending you for more than one fellowship, you may submit a single form and recommendation letter for all applications. Circle all that apply:

BENDIX          SIMPSON          SHARLIN

WAIVER: The Family Educational Rights and Privacy Act of 1974 (Buckley Amendment) gives students the right to inspect and review their educational records and letters of evaluation. You may also WAIVE your right to see the confidential information. Please sign one of the statements below to indicate your choice:

I WAIVE my right to examine this letter. __________________________________________________________

Signature/Date

I DO NOT WAIVE my right to examine this letter. __________________________________________________

Signature/Date

MUST BE COMPLETED BY RECOMMENDING FACULTY MEMBER

The person named above is applying for a fellowship award. In your recommendation letter, please give us your impressions of the candidate’s intellectual ability, research aptitude, or professional skill; quality of previous work and promise of productive scholarship; and the merits of the proposal itself. Please indicate how long you have known the applicant and in what capacity.

Your signature below indicates that you understand that the student has waived or not waived his/her right to read your recommendation letter. Your signature is legally required for this form to be valid.

Signature __________________________________________ Date ___________

Please scan and email this form by Wednesday, March 16, 2016 to iis.grants@berkeley.edu.