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| Radford University Office of Undergraduate Research & Scholarship | | | |
| Faculty Mentor Letter of Support Form | | | |
| Student Name: |  | ID#: |  |
| Title of Project: |  | Email: |  |
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| To The Applicant: | | | |
| **Recommendation Waiver**  The Family Educational Rights and Privacy Act of 1974 gives students (persons admitted and enrolled) the right to inspect letters of recommendation written in support of applications of admission. The law also permits student to waive that right if they choose, although such a waiver must be voluntary and cannot be a condition of admission, award or employment.  If you wish to waive your right to examine the accompanying letter of recommendation, please sign the waiver below. I expressly waive any rights that I might have to access to this letter of recommendation under the Family Education Rights and Privacy Act of 1974, or any other law, regulation or policy.  Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| To the Mentor: | | | |
| When writing your letter of support please consider including the following points:   * Outline of project and its potential for completion * Description of student’s abilities and potential as a future researcher * Statement of commitment to mentoring the student over the summer period * A brief budget description and justification for the faculty discretionary $500 toward supplies, additional student stipend, and/or mentor stipend   Submit a .pdf file of your completed letter of support along with this cover page to [ours@radford.edu](mailto:ours@radford.edu) or hand deliver to The Office of Undergraduate Research & Scholarship to Reed 354 by 5 pm February 7, 2014.  It is understood by writing a letter of support that:  If my student is accepted to the SURF program, I will provide regular mentoring and advice for the project  My student will expend the budget as outlined in their proposal, and the student will not be expected to expend any personal funds for this project  My student will be expected to submit any results to an external event or publication  My student will be expected to participate in the Summer Research Celebration  Participants will share any photographs or “stories” resulting from this work with OURS for press release and web updates  Signature of Mentor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed Faculty Name: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |