OFFICE OF THE PROVOST

MARQUETTE UNIVERSITY

ARNOLD L. MITCHEM DISSERTATION FELLOWSHIP PROGRAM

Letter of Reference Cover Sheet

(To be completed by the Applicant)

Name of Applicant: ____________________________

Last name: ____________________________
First name: ____________________________
Middle name: ____________________________

The Educational Rights and Privacy Act as amended allows a candidate to waive his/her rights to access confidential letters or statements written on his/her behalf if the recommendation is used solely for purposes of admission or financial aid and if the candidate upon request is notified of the names of all persons making such recommendations on his/her behalf. The Mitchem Fellowship Program does not require that you make a waiver as a condition for being considered for one of its fellowships. Under the legislation, you are free to choose to maintain your right to access this recommendation or waive that right. Please check and sign one of the following statements:

____ I waive my right to examine this recommendation.
____ I do not waive my right to examine this recommendation.

________________________________________             __________________
Signature                                                   Date

(To be completed by the reference)

The person whose name appears above is applying for a fellowship from the Mitchem Dissertation Fellowship Program at Marquette University for the 2019-2020 academic year. Please complete this form and attach it to your letter of recommendation. The Mitchem Fellowship Program requests that you place the applicant’s name and your name at the top of each page of your letter. Please give thoughtful and detailed comments on his/her past and present academic performance, capacity to complete the dissertation in the time proposed, and future ability to contribute to scholarship and teaching. You may either return these materials to the applicant in a sealed and signed envelope or mail them directly to us at the address below. The deadline for receipt of this letter of reference is Monday, January 7, 2019.

__________________________  ____________________________
Full Name (Print)           School

__________________________  ____________________________
Title                      Address

__________________________  ____________________________
Signature                  City, State, Zip
Please return to: Mitchem Dissertation Fellowship Program, c/o William Welburn, Executive Director for Diversity and Inclusion, Marquette University, Office of the Provost – Zilber Hall 454, P.O. Box 1881, Milwaukee, Wisconsin 53201-1881