

2019-2020 Diversity and Inclusion Science Initiative Undergraduate Fellowship

FACULTY VERIFICATION FORM

I have read and can verify the student's research statement of his/her proposed project related to the goals of the Diversity and Inclusion Science Initiative. If accepted for the fellowship, I will advise the student in their implementation of the current research project.

Applicant's Full Name: _____

Applicant's Research Title: _____

Faculty Member Full Name: _____

Signature of Faculty Member: _____ Date: _____