**Faculty Letter of Support**

JEROME DAVIS RESEARCH AWARDS

Faculty Project Advisor: Student Name(s): Project Title:

Faculty Signature: Date:

To be completed by FACULTY MEMBER: **No application will be considered without a letter of recommendation due by Wednesday, May 4, 2022.**

1. Will you be the primary advisor on this project? YES NO
2. Briefly discuss the strengths and weaknesses of the research proposal (e.g. Is the topic appropriately defined? Are the proposed methods appropriate for the research design? Can this project be completed in the proposed time frame?)

1. Please comment on the ability of the student(s) to complete this research

project. (e.g. past research experience, appropriate coursework, skills, etc.)

1. Is there any information that you would like to convey to the committee?