			eyour letter.		
Name of Applicant:					
	Last	Fir	st	Middle	
The Educational Ri	ights and Privacy	Act as amen	ded allows a ca	indidate to waive	his/her ricogletss

The Educational Rights and Privacy Act as amended allows a candidate to waive his/her rightssto a 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 recommendat I do not waive my right to examine this recom	
Signature	Date

(To becompleted \$\psi\$ thereference)

The person whose name pears abovis applying for a fellowship from the Mitchem Dissertation Fellowship Program to Marquette University for the 202-202 academic year. Please complete this form and attach ito your letter of recommendation. The itchem Fellowship Program requests that you place the applicant's name and your name at the top of each page

Please email toitchem.fellowship@marquette.edusendby mal to:
Mitchem Dissertation Fellowship Program
c/o Christine NaviaPhDVice President for Incluse Excellence
Office of Institutional Divesity and Inclusion
Marquette UniversityZilber Hall 448
P.O. Box 1881
Milwaukee, Wisconsin 53201-1881