

Institute for Israel and Jewish Studies
Graduate Summer Study/Research Travel Grant
Faculty Advisor Support Form

Students should have their advisor complete and sign this form. Students will submit this form along with the other application materials online.

Faculty Name: _____

Faculty Department: _____

Student Name: _____

Research Topic: _____

Date(s) of Travel: _____

Research/Study Location: _____

What are the student's summer study or research travel plans? __

Does the topic fit within the scope of IIJS?__

How would you best describe the nature of the research?

By signing this form, I understand this student may be receiving an IIJS Summer Study/Research Travel Grant to enable his or her thesis research or to participate in summer study. I further certify that to the best of my knowledge such an award would not duplicate funding to this student provided by the University or other agency for related purposes.

(Faculty Advisor Signature & Date)