

**Boston University** Graduate School of Arts & Sciences

705 Commonwealth Avenue  
Boston, Massachusetts 02215



## **Graduate Research Abroad Fellowship (GRAF) Departmental Acknowledgment Form**

I support \_\_\_\_\_ application for a GRAF fellowship. I acknowledge that they are in good academic standing and conduct. I certify that the project/opportunity proposed for funding has been reviewed and approved by a member of the faculty for my department/program.

\_\_\_\_\_  
Director of Graduate Studies or Department Chair/Program  
Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of above signee

\_\_\_\_\_  
Department/Program

*This form must be submitted via the Infoready recommendation portal or via email to [grsaid@bu.edu](mailto:grsaid@bu.edu) .*