



## **Graduate Research in the U.S. Fellowship (GRUF) Departmental Acknowledgment Form**

I support \_\_\_\_\_ application for a GRUF 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.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Faculty Name

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

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