

**University of Delaware
DEAN'S SCHOLAR PROGRAM**

**FACULTY ADVISOR'S AGREEMENT
Cover Sheet**

**Fall Semester Deadline: October 15
Spring Semester Deadline: March 15**

PLEASE PRINT

FACULTY NAME _____ DEPT. _____

OFFICE ADDRESS _____ TEL.(____) _____

FACULTY EMAIL ADDRESS _____

Please read the attached description of the Dean's Scholar Program carefully before preparing your recommendation. Note that by submitting this letter of support, you are agreeing to serve as one of the advisors in the program of study proposed by the student for the duration of his or her undergraduate career. In your letter, please indicate:

- 1) the quality and importance of the proposed program of study, including anticipated research or creative projects
- 2) the ability of this student to pursue the program
- 3) what your advisement role will be
- 4) how your role will relate to the roles of the other faculty advisors for this student's Dean's Scholar Program.

Please submit your letter of support on a separate page attached to this cover sheet.

RECOMMENDATION FOR (STUDENT'S NAME) _____

Please attach your letter of support.