

College of the Holy Cross
**FELLOWSHIP APPLICATION FOR SENIOR TENURED FACULTY
REFeree EVALUATION**

To be completed by Applicant

NAME OF APPLICANT: _____

DEADLINE FOR RECOMMENDATION: **October 15**

DESCRIPTIVE TITLE OF PROJECT: _____

To the Respondent: The Holy Cross Committee on Faculty Scholarship greatly appreciates your willingness to evaluate the proposed research project. We would ask you to report to us on: (1) the quality or promise of the applicant's previous work; (2) the significance of the contribution that the proposed project will make to the applicant's field; (3) the conception, description, and organization of the proposed project, and (4) the feasibility of the applicant completing the project on schedule. (Please email to mroberts@holycross.edu or return to the Committee on Faculty Scholarship, Grants Office, P.O. Box GR, College of the Holy Cross, 1 College Street, Worcester, MA 01610).
