Faculty Consultation Form  
Mellon Mays Undergraduate Fellowship

**MMUF Applicant’s Name:**

**Faculty Member’s Name:**

**Faculty Member’s Department:**

The student who has given you this form is applying for a Mellon Mays Undergraduate Fellowship. Funded by a grant from the Mellon Foundation, the explicit purpose of the MMUF Program is to increase diversity in the faculties and the curricula of US colleges and universities.

Fellows are selected on the basis of the potential for their academic skills and interests to contribute to this goal. Once selected they are given financial support and personal mentoring to help them better understand what it means to live an academic life and to help them prepare for success in graduate school should they ultimately choose to pursue that path. More information can be found at: [www.mmuf.org](http://www.mmuf.org)

One of the key elements of the MMUF Program is an ongoing research project undertaken with faculty supervision by a designated mentor in her field of study. The fellow will begin doing background work during the summer between her sophomore and junior years. She will develop a focused research design as part of a seminar in which she will be enrolled in the fall of her junior year and will then continue to pursue the project under the direction of her mentor throughout the remainder of her time at Smith. Often, but not always, the projects evolve into Honors theses in the senior year.

As part of the application she has been asked to write a very general proposal, specifying a field of study and a possible topic within it that she would like to pursue. She is not committed to staying with that one topic and as with all scholarship the project will undoubtedly evolve in unforeseen directions. **In order to assure that she is starting in a viable direction, she has been asked to consult with faculty members from her discipline, and we are asking her to get at least one faculty member to sign off on the substance of the proposed project.** If this student and project are approved for funding, the MMUF Faculty Coordinator will follow up on the responsibilities of the faculty mentor.

________________________________________

Student’s name

________________________________________

Faculty’s name

- [ ] I reviewed the project and approve it as appropriate, but I am unable to serve as mentor for it (possible faculty mentors who might be appropriate for this project include: ____________________________).

- [ ] I approve and I am willing and able to serve as mentor for this project.

________________________________________

Faculty Signature

________________________________________

Date

**Please return by Thursday, March 9, 2017 to:** MMUF Program Coordinator, College Hall 206.