



Dr. L. David Mech Fellowship Research Project Approval

Fellowship Applicant Name (First Name, Middle Initial, Last Name)

Applicant email

After reviewing the applicants abstract, based on their project details, methodology, and listed outcomes do you think this project is viable in scope and timeframe?

- ☐ Support this project with no reservations
- ☐ Support this project with some reservations
- ☐ Do not support this project

Please provide additional notes or an explanation for your reservations.

Research Supervisor Signature

Date

Research Supervisor Name (First and Last Name)

Research Supervisor Email

Research Supervisor Phone Number