

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

To be completed by Applicant

NAME OF APPLICANT: \_\_\_\_\_

DEADLINE FOR RECOMMENDATION: **October 15**

DESCRIPTIVE TITLE OF PROJECT:

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**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 [sriseman@holycross.edu](mailto:sriseman@holycross.edu))

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**Signature:**