

Date: \_\_\_\_\_

I, Dr. \_\_\_\_\_, am writing in support of the SQuID Fellowship Application by  
\_\_\_\_\_. If awarded, \_\_\_\_\_ will be able to  
to collaborate with my lab for the duration of the fellowship.

Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Position: \_\_\_\_\_

Academic Unit: \_\_\_\_\_

University or Institution: \_\_\_\_\_