Augustana Campus Library

2017-2018 Student Award for Library Research
Deadline: Friday, May 18, 2018

Application Form

Student Name: ________________________________________________

Student ID#: ________________________________________________

Mailing address: ______________________________________________

E-mail: _______________________________________________________

Phone: _______________________________________________________

Degree and Major: _____________________________________________

Expected Year of Graduation: ☐ 2018 ☐ 2019 ☐ 2020

Year of Study: __________________________ (Note: You must be a full-time student to apply.)

Course Number: ______________________________________________

Course Name: ________________________________________________

Course Instructor: _____________________________________________

Title of Paper: _______________________________________________

Brief Summary of Paper: ________________________________________

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_____________________________________________________________
I agree that this application form, with all associated application materials, will become property of the Augustana Campus Library of the University of Alberta. (This excludes copyright which shall be retained by the student.)

I certify that the information contained in this application is complete and correct. I authorize the Selection Committee to assess my application. I further authorize the Augustana Campus Library to use my name in various public relations publications, presentations, and announcements to promote the Augustana Campus Library and its award.

The personal information requested on this form is collected under the authority of section 33(c) of Alberta's *Freedom of Information and Protection of Privacy Act* to determine your eligibility for this award. Certain personal information may be made available to federal and provincial departments and agencies under appropriate legislative authority. For further information, contact Kara Blizzard, Public Services Librarian, at kara.blizzard@ualberta.ca or 780-679-1554.

Signature: ________________________________________________________________

Date: ________________________________________________________________