

**Appendix E2:**

**Application Form for the  
FACULTY ADVISING EXCELLENCE IN  
EQUITY, DIVERSITY & INCLUSION**

**Information: AWARD**

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

Department: \_\_\_\_\_

College: \_\_\_\_\_

Phone No. \_\_\_\_\_

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

**Checklist of materials submitted:**

- A completed Application Form
- A 3-5 page summary statement highlighting the nominees accomplishments in 2 categories from section 9.1 of policy
- A current curriculum vitae
- Materials that demonstrate excellence in at least 2 of the areas in section 9.1 of policy
- No more than three letters of support knowledgeable of or having experienced the candidates performance in 2 of the 4 areas noted in Section 9.1 of policy

Signature of Nominee: \_\_\_\_\_

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

## Visual/Audio Image Release Form

I grant permission to California State University, its employees and agents, to take and use visual/audio images of me. Visual/audio images are any type of recording, including but not limited to photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips or accompanying written descriptions. CSU will not materially alter the original images. I agree that CSU owns the images and all rights related to them. The images may be used in any manner or media without notifying me, such as university-sponsored websites, publications, promotions, broadcasts, advertisements, posters and theater slides, as well as for non-university uses. I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them, or to be compensated for them.

I release CSU and its employees and agents, including any firm authorized to publish, broadcast and/or distribute a finished product containing the images, from any claims, damages or liability which I may ever have in connection with the taking or use of the images or printed material used with the images. I am at least 18 years of age and competent to sign this release. I have read this release before signing, I understand its contents, meaning and impact, and I freely accept the terms.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Telephone or E-mail address

\_\_\_\_\_  
Signature of parent or guardian if under 18 years of age

\_\_\_\_\_  
Address (optional)

**Project Name**

(Photographer/Broadcast/Contact Information/Location/Notes/Photo Caption)