

Appendix E2:

**Application Form for the
LEGACY LECTURER AWARD**

Information:

Name: _____

Department: _____

College: _____

Phone No. _____

Email: _____

Checklist of materials submitted:

A completed Application Form

Statement highlighting nominees qualifications for award as outlined in Policy

Signature of Nominee: _____

Date: _____

Visual/Audio Image Release Form

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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)