

HISTORY DEPARTMENT AWARD APPLICATION

FIRST NAME:	LAST NAME:		SID:	EMAIL:	
ADDRESS:	CITY:	STATE:	ZIP:	PHONE:	
MAJOR:					
EXPECTED GRADUATION DA	TE: TERM -	YEAR -			
RESEARCH PAPER INFORMA	TION :				
PAPER TITLE:					
To be considered for the followir	ng awards: Cornerstone	g Gahn			
List the UCR undergraduate	history course this paper v	vas originally subr	nitted:		
Academic quarter complete	ed (please select one):	Spring 2019 Su	ummer 2019	Fall 2019	Winter 2020
Course Instructor:					
I, Department Awards I'm app					

Department Awards I'm applying for. I understand that upon submission of my application, my research paper will become property of the University of California, Riverside Department of History. If selected as a 2020 History Department Award recipient, I agree to attend and present my paper at the History Department Awards Luncheon on Friday May 29, 2020

SIGNATURE: _____

DATE: _____