

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: _____