HISTORY DEPARTMENT AWARD APPLICATION

FIRST NAME: LAST NAME: SID: EMAIL:

ADDRESS: CITY: STATE: ZIP: PHONE:

MAJOR:

EXPECTED GRADUATION DATE: TERM - YEAR -

RESEARCH PAPER INFORMATION :

PAPER TITLE: _____

To be considered for the following awards: ☐ Cornerstone ☐ Gahn ☐ Stuckey

List the UCR undergraduate history course this paper was originally submitted: _____

Academic quarter completed (please select one): Fall 2016

Course Instructor: _____

I, _____ have read and understand the eligibility requirements of the History 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.

SIGNATURE: _____ DATE: _____