

FACULTY ENDORSEMENT FORM

Name:

Institution:

Position/Title:

Email:

Phone Number:

Student Name(s):

Project Name:

I, _____, support _____'s submission to The CELA Student Award competition. This submittal clearly demonstrates excellence in Research or Creative Scholarship and is worthy of consideration based on the merit of the work submitted.

Note: Please add a sentence specifying whether the student is still currently enrolled in your graduate program/institution or have graduated, and date of graduation.

Faculty Member Signature

Date
