



SCHOOL OF MEDICINE

*Dr. W. Douglas and Jane G. Skelton Medical Libraries*

**Jocelyn A. Rankin Student Excellence in Library Research Award**

**COVER SHEET**

To be completed by student applicants and submitted as part of the award application packet for consideration. For **group projects**, all members must provide their contact information and signatures; enter each member as an additional applicant, numbering each appropriately, and duplicate Page 2 to attach as a separate sheet if needed.

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**Project Information**

Project Title:

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**Applicant #1**

Name:

MUID:

Mailing Address:

Mercer Email:

Phone:

MUSM Academic Program:

Expected Graduation Date:

Signature:

Date:

**Applicant #**

Name:

MUID:

Mailing Address:

Mercer Email:

Phone:

MUSM Academic Program:

Expected Graduation Date:

Signature:

Date:

**Applicant #**

Name:

MUID:

Mailing Address:

Mercer Email:

Phone:

MUSM Academic Program:

Expected Graduation Date:

Signature:

Date:

**Applicant #**

Name:

MUID:

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