MERCER UNIVERSITY

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 MUSM student applicants and submitted as part of the award application packet. For **group projects**, all MUSM students who contributed substantially to the project must be identified as applicants and approve the submission. One student (Applicant #1) should serve as the primary contact, but each applicant must provide the requested information and signature. Group projects may not be submitted as individual projects without the knowledge and approval of all MUSM student collaborators. Duplicate Page 2 if additional applicant space is needed.

Project Information

Project Title: _____

By signing below, each applicant affirms (1) they contributed to the submitted project and approve its submission for Rankin Award consideration; (2) for group projects, this cover sheet identifies all MUSM student contributors of the submitted project; and (3) the submitted research abstract, bibliography, and reflective essay ("the work") do not infringe upon any copyright or proprietary rights. The applicants retain applicable copyrights in the work and grant MUSM a non-exclusive, perpetual, royalty-free license to publish any part of the abstract, bibliography, or reflective essay on the Skelton Medical Libraries website, in public relations/promotional materials, and in other publications of the Libraries.

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: _____

Mailing Address: _____

Mercer Email: _____ Phone: _____

MUSM Academic Program: _____

Expected Graduation Date: _____

Signature: _____ Date: _____