

## STUDENT INFORMATION

Surname	
Given names	
SFU student number	
Email	
Program of Study	

## NOMINATION:

Paper Title:

Brief explanation as to why the student is nominated:

FACULTY SIGNATURE\_\_\_\_\_

FACULTY NAME (please print)\_\_\_\_\_

Date: \_\_\_\_\_

Please send this form with your paper to lingchr@sfu.ca and lingasst@sfu.ca