

OUTSTANDING LIBRARY FACULTY AWARD APPLICATION

Academic Year **2023-2024**
 from **September 2023** to **August 2024**

Name: _____
 Title: _____
 Department: _____
 University: _____
 Address: _____
 Phone: _____
 Email: _____

I hereby certify that the information provided is true and correct.

Signature: _____ Date: _____

I hereby certify that the information provided is true and correct.

Supervisor Signature: _____ Date: _____

I hereby certify that the information provided is true and correct.