

CHESTER P. MIDDLESWORTH AWARD

Nomination Form

This nomination form must accompany one (1) clean copy of the paper that is being submitted.

SECTION ONE. (To be completed by student) Duke Unique ID.: _____

NAME _____
Last First M.I.

PERMANENT ADDRESS _____
TELEPHONE () _____

LOCAL ADDRESS _____

E-MAIL: _____ TELEPHONE () _____

UNDERGRADUATE (year) _____ GRADUATE STUDENT (dept.) _____

TITLE OF PAPER: _____

NUMBER AND TITLE OF COURSE: _____

SEMESTER PAPER WAS WRITTEN: _____ YEAR _____

FACULTY MEMBER TO WHOM PAPER WAS SUBMITTED: _____

SPECIAL COLLECTIONS MATERIAL ON WHICH PAPER IS BASED: _____

SECTION TWO. (To be completed by faculty member)

The above information concerning the paper, course, and semester are correct. The paper was prepared as part of a course or independent study project taken for credit at Duke University.

Date

Signature of Faculty Member