



**Faculty Statement of Support
Monroe F. Swilley, Jr. Library
Student Research Award 2019**

This is part of the application. Please have faculty member fill out and return to the name listed at the end of the sheet.

Faculty Information

Name:

Department:

Email Address:

Project Information

Name of Student(s):

Title of Project:

Course number and title of course for which project was completed (if applicable):

In your opinion, how did the student's use of library services, print and/or electronic collections, and other resources, contribute to an exceptional research project?

Please comment on the content and quality of the paper, especially addressing the appropriate and thorough use of research materials.

Signature: _____ Date: _____

Please submit a signed copy or a .pdf including your signature to:

Kathryn Wright
Wright_kb@mercer.edu

or

Kathryn Wright
Archives
Jack Tarver Library
1501 Mercer University Drive
Macon, GA 31207-0001