

SCHOLARWORKS AUTHORIZATION FORM

Student Information	
Student Name (First, Middle, Last)	Date
Email	Daytime Phone
Project Information	
Faculty Mentor	
Course/Project/Event Name	
Title of Document or File	
Co-Author's Names and Email Addresses	
Descriptive Information	
<p>Subject Categories: Please choose a subject category that best describes your document. Your choice must be from the ScholarWorks list at: http://scholarworks.boisestate.edu/sw_pubs/6/. You will notice that ScholarWorks subject categories are given in a hierarchical format with three levels for most disciplines. Express your subject category in the space below by starting with the highest level, and then listing the second level, and then the third level; use colons(:) as separators. If it is not possible to refine your subject category to the third level, either because a third level is not listed for your discipline or you simply do not feel that a third level is warranted, you should stop at the second level.</p>	
<p>Keywords: The keywords you enter below will help visitors find pertinent results when they search ScholarWorks. Up to 6 keywords separated by commas can be listed. These keywords should be terms not already used in the title or abstract.</p>	
Certifications	
<p>Final Version: I certify that the version of my document that I am submitting for uploading into ScholarWorks is the same as the version that received final approval from my faculty mentor. I am also aware that they will receive notification when my document is uploaded and may request changes to the file be made if necessary.</p>	
<p>Copyright: I certify that I am the sole proprietor of all rights in and to my document and that it contains no material from other copyrighted or unpublished works unless it is used with the written consent of the copyright owner.</p>	
<p>Permanent Archival: I understand that I am submitting my document to ScholarWorks for archival purposes and unlimited access by the public. I also understand that I cannot withdraw my project from ScholarWorks without the approval of my faculty advisor and ScholarWorks administrator.</p>	
Student Signature	Date
Faculty Mentor Approval	
<p>I certify that the student authored document described above has been selected for permanent archiving in ScholarWorks and with unlimited access by the public.</p>	
Faculty Advisor Signature	Date

PLEASE RETURN THIS FORM TO THE REFERENCE DESK AT ALBERTSONS LIBRARY

Contact: ScholarWorks, 208-426-2580 or scholarworks@boisestate.edu