Nomination for a New Marker, Monument, or Artwork

<table>
<thead>
<tr>
<th>Applicant Name</th>
<th>Department (if any)</th>
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<tbody>
<tr>
<td>Phone</td>
<td>E-mail</td>
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To the Markers, Monuments, and Artwork Committee,
I/We hereby request to erect a (check one):

<table>
<thead>
<tr>
<th>Marker</th>
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<tbody>
<tr>
<td>Monument</td>
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<tr>
<td>Artwork</td>
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Please answer these questions concerning the structure requested (reference SFASU policy 16.17). Attach additional pages as needed.

1. Provide a description of the proposed marker, monument, or artwork including size, scope, and location.

2. Based on the location of the proposed marker, monument, or artwork, address the impact to building access and campus circulation.

3. Please describe the prominence and relevance of the proposed marker, monument, or artwork.

4. Please describe the aesthetics of the proposed marker, monument, or artwork as well as how it will preserve the beauty of the SFA campus. Please attach a photo or image.

5. Is the proposed marker, monument, or artwork currently subject to copyright protection? If so, have efforts been made to secure a license to use such copyright?

6. Please describe how the proposed marker, monument, or artwork will be funded including any potential maintenance and insurance costs.

7. Please describe any safety issues that the proposed marker, monument, or artwork may present.

8. Describe how the proposed marker, monument, or art advances the university’s educational mission.

9. Please describe the historical significance of the proposed marker, monument, or artwork.

__________________________________        ____________
Applicant’s Printed Name        Applicant’s Signature        Date
Markers, Monuments, and Artwork Committee

Member Representatives:

    Development: 
    Alumni: 
    Faculty: 
    Physical Plant: 
    University Marketing Communications: 
    Student: 

Recommendation:

Approved: ________     Not Approved: ________     Other: ________

Comments:

__________________________________  ______________________  ________

Committee Chair’s Printed Name    Committee Chair’s Signature    Date

Vice-President for Finance & Administration

Approved: ________     Not Approved: ________

Comments:

__________________________________  ______________________  ________

Vice President’s Printed Name    Vice President’s Signature    Date