

**Faculty Sponsor Form**

Faculty Sponsor Information

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| --- | --- | --- |
| Last Name | First Name | Middle Initial |
| Preferred Email Address | Phone Number |
| Department |

**Title of Submission**

**Student Name(s)**

By completing and signing this form:

* I agree to sponsor this work and believe that it is suitable for publication.
* I have reviewed the submission’s content, methods, writing quality, and overall presentation.
* I affirm that the submission adheres to institutional, departmental, and disciplinary ethical standards.
* I affirm that the submission observes *Chordeiles*’ submission guidelines and recognize this work as original.
* I agree that if this submission is selected for publication, I will work with the student author(s) to make recommended revisions, if applicable.

 Faculty Sponsor Signature Date

