

Cover Sheet for AURORA Submissions

Please remove your name from the work itself and use this separate sheet to connect you with the work by type and title. The editorial staff considers your work “blind” (without knowing authorship).

YOUR NAME: _____

STUDENT STATUS (please circle / **highlight** one):

Campus-based Commuter WED Master’s program (please specify) _____

YEAR OF GRADUATION: _____

FACULTY STATUS

STAFF JOB TITLE: _____

TYPE OF SUBMISSION (please circle / **highlight** all that apply):

Fiction Non-fiction Poetry Drama Other (describe) _____

Painting Drawing Sculpture Ceramics Other (describe) _____

TITLE(S) OF SUBMISSION:

METHOD/TYPE OF SUBMISSION (please circle / **highlight** all that apply):

E-mail attachment Hard Copy CD Photograph(s) Original Artwork

CONTACT INFORMATION:

Phone: _____

E-mail: _____

Send to msilotto@smwc.edu (Miranda Silotto) or bring to LF 17 (Janice Dukes) by appointment.