PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE GRADUATE PROGRAM IN BIOMEDICAL SCIENCES THESIS BINDING FORM

GA CAMPUS	PA CAMPUS
STUDENT <u>FULL</u> NAME: Be sure to print name EXACTLY as you wish it to appear on the	e COVER of your thesis
STUDENT LAST NAME: Be sure to print this name EXACTLY as you wish it to appear or	
Be sure to print this name EXACTLY as you wish it to appear o	n the SPINE of your theses
PROGRAM:	DEGREE:
EMAIL ADDRESS:	PHONE NUMBER:
DEPARTMENT:	
TITLE OF THESIS:	
Note that the bindery reserves the right to truncate your title on	the SPINE of your dissertation
MONTH and YEAR the FINAL copy was Submitted to be bound:	i.
oublinitied to be bound.	e.g., June, 2012
	ary. Copies must be on high quality, bays binding costs for these required
Binding Optional Personal Copies	
Number of personal copies @ \$35.0	00 each = COST OF BINDING \$
SHIPPING INFORMATION:	
, ,	to you in the mail, the library will do so at a cosnipping address and the following information:
SHIPPING ADDRESS for Personal Copi	ies

Number of copies	@ \$5.00 each = COST OF SHIPP	ING \$
PAYMENT:		
Please submit check payable to	o PCOM Library	
	Total Cost of Binding: Total Cost of Shipping:	\$ \$
TOTAL REMITTANCE:		\$
REQUIRED SIGNATURES:		
Graduate Student		Date
Graduate Student		Date

Revised 01/14/2014