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

GA CAMPUS ________  PA CAMPUS ________

STUDENT FULL NAME: ________________________________
Be sure to print name EXACTLY as you wish it to appear on the COVER of your thesis

STUDENT LAST NAME: ______________________________
Be sure to print this name EXACTLY as you wish it to appear on 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: ____________________________
  e.g., June, 2018

2 copies are required for the Library. Copies must be on high quality, non-erasable paper. The Library pays binding costs for these required copies.

Binding Optional Personal Copies

Number of personal copies ____ @ $40.00 each =  COST OF BINDING  $____

SHIPPING INFORMATION:

If you would like to have your copies sent to you in the mail, the library will do so at a cost of $10.00 per copy. Please provide your shipping address and the following information:

SHIPPING ADDRESS for Personal Copies

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Shipping Personal Copies

Number of copies _____@ $10.00 each = COST OF SHIPPING $_______

PAYMENT:

Please submit check payable to PCOM Library

Total Cost of Binding: $_______
Total Cost of Shipping: $_______

TOTAL REMITTANCE: $_______

REQUIRED SIGNATURES:

__________________________________________ Date
Graduate Student

__________________________________________ Date
Program Director, Research Concentration
Graduate Program in Biomedical Sciences