

# Philadelphia College of Osteopathic Medicine Psychology Dissertation Binding & Payment Form

In addition to this form, you are **required to submit:**

- 4 paper copies of your dissertation
- Electronic or digital copy on CD, disk, or thumb drive (Pdf or Doc Format)
- Psychology Digital Commons Permissions Form
- Payment

Forms are on the Library web site: [http://www.pcom.edu/Library/Theses\\_Dissertations.html](http://www.pcom.edu/Library/Theses_Dissertations.html)

---

**Student First Name:** \_\_\_\_\_

Be sure to print name EXACTLY 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:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_

---

**Department:** \_\_\_\_\_

**Dissertation Title:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

Bindery reserves the right to truncate your title on the SPINE of your dissertation

**Month & Year of submission for binding** \_\_\_\_\_ e.g., June 2018

**4 REQUIRED COPIES must be submitted on high quality, non-erasable paper**

For Chairperson:	<u>1</u>	@ \$40.00 each	\$40.00
For Department:	<u>1</u>	@ \$40.00 each	\$40.00
For Library:	<u>2</u>	@ \$40.00 Library Pays	\$ 0.00
			<b>\$80.00</b>

**Optional Personal Copies** # \_\_\_\_\_ @ \$40.00 each \_\_\_\_\_

**TOTAL NUMBER OF COPIES** \_\_\_\_\_

**TOTAL 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 to you of \$10.00 per copy. Please provide your shipping address and the following information:

**Ship To:**


---



---



---



---

**Shipping Optional Personal Copies** # \_\_\_\_\_ @ \$10 each \_\_\_\_\_

**TOTAL COST** \$ \_\_\_\_\_

**Payment:**

Please submit check made payable to: PCOM Library

**CONFIRMATION:**

Format Confirmed by Department: By: \_\_\_\_\_ On: \_\_\_\_\_

Correct Payment Confirmed by Department: By: \_\_\_\_\_ On: \_\_\_\_\_

Check Number: \_\_\_\_\_

**SIGNATURES:**

\_\_\_\_\_  
Graduate Date

\_\_\_\_\_  
Department Representative Date

**PLEASE NOTE THAT THIS FORM MUST HAVE THE APPROPRIATE  
PSYCHOLOGY DEPARTMENT SIGNATURE**