

THESIS CHECKLIST

Please print legibly – thank you!

NAME: _____

MAILING ADDRESS: _____
(we'll mail your bound thesis here) _____

EMAIL ADDRESS (NON-LINFIELD): _____

THESIS TITLE: _____

DEGREE: BA or BS (Circle One) _____
Major _____
Date Earned _____

OF COPIES TO BE BOUND:

_____ Personal copy (\$24.00 each) (Cash OR Check)

Cash: _____
Check number: _____ (Payable to: Linfield College)
Amount: _____

1 Library copy

_____ Departmental copy
Department (specify): _____
Department Account Number: _____ - _____ -32200
Department Chair Signature: _____

OTHER:

_____ Copyright Release Form

_____ Electronic copy sent to digitalcommons@linfield.edu (if first or second option selected on copyright release form)