

DEPARTMENT BINDING SERVICES FORM

Please PRINT or TYPE

Department: _____

Last name of Thesis/Dissertation author(s) (if applicable): _____

Department address and telephone number _____

Contact Person: _____ Telephone: _____

BINDING INFORMATION

List all department work for this purchase order

THESES (fill out one section for each student)

Name: _____ Degree: _____ Year: _____ Cloth Color (swatch number): _____ Spine Print Color (circle one): White Gold Black Number of Theses: _____	Name: _____ Degree: _____ Year: _____ Cloth Color (swatch number): _____ Spine Print Color (circle one): White Gold Black Number of Theses: _____
Name: _____ Degree: _____ Year: _____ Cloth Color (swatch number): _____ Spine Print Color (circle one): White Gold Black Number of Theses: _____	Name: _____ Degree: _____ Year: _____ Cloth Color (swatch number): _____ Spine Print Color (circle one): White Gold Black Number of Theses: _____
Name: _____ Degree: _____ Year: _____ Cloth Color (swatch number): _____ Spine Print Color (circle one): White Gold Black Number of Theses: _____	Name: _____ Degree: _____ Year: _____ Cloth Color (swatch number): _____ Spine Print Color (circle one): White Gold Black Number of Theses: _____

Other Work: Title and number of pieces to be bound (i.e. for 12 volumes of "Journal of Special Materials" the entry would read: "Journal of Special Materials - 12")
