



Format Review Request

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Student: Please fill in Boxes 1-4. Advisor: Please fill in Box 5. Graduate School: Please fill in Box 6.

STUDENT INFORMATION

[BOX 1 - Student]

SSN _____ - _____ - _____ Email _____

Name _____
Last First M.I.

Current Address _____
Street City State Zip

Home Telephone () _____ - _____

Degree Information

[BOX 2 - Student]

College _____ Program _____ Degree _____

Dissertation/Thesis Title

[BOX 3 - Student]

Style Guide (check one)

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☐ APA ☐ ICMJE ☐ Chicago ☐ MLA ☐ Turabian ☐ LaTeX (math template)

☐ Other _____
(title of journal; attach copy of style sheet/instructions to authors)

Approval of Advisory Chair

[BOX 5 - Advisor]

I verify that I have read this final document and believe that it conforms to an appropriate style guide and the requirements outlined in the Dissertation and Thesis Handbook. The document is ready for format evaluation and the oral defense.

Advisor Campus Phone Email Date ____/____/____

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Date

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