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 BI	E BOUND:	
Personal cop	by (\$24.00 each) (Cash OR Check)	
Cash:		
Check numb Amount:	per: (Payable to: Linfield College)	
1 Library copy		
Departmenta	al copy rtment (specify):	
	rtment Account Number:	
	tment Chair Signature:	
OTHER:		
Copyright Re	elease Form	
Electronic co	opy sent to digitalcommons@linfield.edu (if first or secon release form)	nd option selected