

VERIFICATION OF SUBMISSION OF DISSERTATION MANUSCRIPTS

Student Name: _____

PID: _____

Dissertation Advisor: _____

<p>Manuscript 1: Title: _____</p> <p>Submitted To: _____</p> <p>Date Submitted: _____</p>
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<p>Manuscript 2: Title: _____</p> <p>Submitted To: _____</p> <p>Date Submitted: _____</p>
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Student Signature: _____

Advisor Signature: _____

Date of Verification: _____

Submit to Carmen Woody, Student Services Office, MC 2106.