MEDICAL COLLEGE OF WISCONSIN

GRADUATE SCHOOL OF BIOMEDICAL SCIENCES
BINDING FORM – DISSERTATION/THESIS

NAME: _____ DATE_____
LAST FIRST MIDDLE

DEGREE: _____ YEAR: _____

NUMBER OF COPIES REQUESTED:

1 **MCW LIBRARIES COPY (1 REQUIRED)**
LIBRARY PAYS BINDING CHARGE FOR THIS COPY

_____ **DEPARTMENT/PROGRAM COPIES**
If department copies are desired, the binding cost will be the responsibility of the department.
The Department Business Manager must sign below to authorize the charge.

_____
SIGNATURE OF DEPARTMENT BUSINESS MANAGER

_____
DEPARTMENT (COPIES WILL BE SENT TO THIS DEPARTMENT)

_____
ACCOUNT NUMBER TO BE CHARGED
(charges will be credited to library account 45012-470300-103-3305716)

_____ **PERSONAL COPIES**
You (or your advisor) are responsible for these binding charges. The cost is $30.00* per copies up to 2¼ inches thick. Copies over 2¼ inches thick cost $32.50* per copy. Please include cash, a check made payable to *MCW Libraries,* or an account number to be charged for the cost of personal copies.
Copies will not be sent for binding until payment is received.

_____ _____
PAYER FOR PERSONAL COPIES (please print) **ACCOUNT NUMBER TO BE CHARGED**

_____ **TOTAL NUMBER OF COPIES TO BE BOUND**

CONTACT INFORMATION FOR RELEASE OF PERSONAL COPIES (Please Print)
Copies will not be mailed. You are responsible for picking up all paid personal copies and will be notified when they return from the bindery.

_____ _____
Name Email

_____ _____
Address Phone

_____
City/State/Zip

NOTE: This form and all copies of your dissertation/thesis must be submitted to the Graduate School office within two weeks of your defense or final/comprehensive examination. If you need an extension, you must contact the Graduate School Office.
***BINDING CHARGES ARE SUBJECT TO CHANGE.**
(Revised 7-10-14 – caw - MCW Libraries)