

## Thesis Binding Form

(To be given to the Archivist/Librarian with unbound copies)

PLEASE PRINT CLEARLY

Student Name: _____	Student #: _____
Telephone # (day): _____	Degree granted: _____
Telephone # (evening): _____	_____
Email address: _____	
 <u>Students who reside outside Halifax Regional Municipality:</u>	
Please provide the mailing address for delivery of your bound copies:	
Street: _____	City: _____
Province/Country: _____	Postal Code: _____

<u>Thesis Information:</u>	
Thesis Title (for cover): _____	
_____	
Abbreviated Thesis Title, if necessary (for spine, maximum 50 characters): _____	
_____	
I am requesting that _____ copies be bound at \$25.00 per copy (payment can be made at Financial Services or for distance students please provide a cheque payable to MSVU or credit card information).	
_____	
Student Signature	Date

<u>Library Use Only:</u>	
A receipt from Financial Services for \$_____ has been received.	
Unbound copies received by: _____ on _____	
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