THESIS CONSULTATION APPOINTMENT REQUEST

Make your request for 1 business day in advance to give the librarian adequate preparation time.*

Today's Date: Day ☐ Month ☐ Year ☐

Personal Information:

Name:

ID Number:

Faculty:

Department:

Phone:

(W): (C): (H):

E-mail: (Write legibly in script)

Preferred means of contact

Email ☐ Phone ☐ Either ☐

Thesis Information:

Title of thesis

Citation Style

State the extent of completion of your thesis

Due Date: Day ☐ Month ☐ Year ☐

Describe the nature of assistance required

*If you are leaving your thesis at the Library allow at least 5 business days for librarian to give feedback.

Office Use Only:

Librarian:

Comments: