

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):
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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: