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: __________________________

MILU-PGLC, UWI Library

October 2010