

Full Name _____ Phone Number _____

Email Address _____

Date Work Submitted _____ Date Work Needed (ASAP UNACCEPTABLE) _____

Department _____

COMPLETE ALL APPLICABLE FIELDS:

Dickinson Departmental Account Number _____ - _____ - _____ - _____ Activity Code _____

COMPLETED JOB PICKUP LOCATION

Print Center HUB Mail Room

(IF JOB IS TIME SENSITIVE PLEASE SELECT PRINT CENTER)

PLEASE INCLUDE YOUR NAME IN THE FILENAME OF YOUR DOCUMENT. ALL THESIS COPIES WILL BE PRINTED ON ACID-FREE PAPER.

Unless otherwise specified each bound copy will have a clear plastic front cover and black linen back cover.

Please check one: Print in B&W Print in Color

Please check one: Single-sided Double-sided

UNBOUND Thesis: \$5 EA Quantity _____

VELOBOUND Thesis: \$7 EA Quantity _____

Electronically Sent Filename _____

Special Instructions

Velobind Colors (Unless a selection is made, black will be used.)

- | | |
|--|---|
| <input type="checkbox"/> Black | <input type="checkbox"/> Dk. Grey (Velobind only) |
| <input type="checkbox"/> Red | <input type="checkbox"/> Lt. Grey (Velobind only) |
| <input type="checkbox"/> White | <input type="checkbox"/> Burgundy (Velobind only) |
| <input type="checkbox"/> Navy Blue | <input type="checkbox"/> Brown (Velobind only) |
| <input type="checkbox"/> Green (Velobind only) | <input type="checkbox"/> Tan (Velobind only) |