

LIBRARY TRANSMITTAL FORM

DIRECTIONS FOR STUDENT: Complete Sections I - III.

- I. **NAME AUTHORITY:** (This information is required to provide a complete name authority record for the library catalog. The name should be the official name on record.)

Name (Last, First Middle): _____

Date of Birth: _____ Country of Origin: _____

Month/Year of Graduation: _____ Department: _____

University of Arkansas Email: _____@uark.edu

- II. **STATEMENT OF UNDERSTANDING:**

I certify that the manuscripts have been carefully proofread. All wording, spelling, and page numbering have been thoroughly checked, even after duplication. I understand that no changes can or will be made to the manuscripts after submission. By my signature, I certify that I have read and agree with the above statement.

(Student's signature) (Date)

List contacts in the event of problems/questions:

- III. **SUBJECT ACCESS** Under what keywords would you expect to find your manuscript in a library catalog?

STUDENTS SHOULD NOT WRITE BELOW THIS LINE

COLLEGE OF ENGINEERING

Date Manuscript Accepted By College: _____

TO: University of Arkansas Mullins Library

This is to inform you that our office has checked this thesis or dissertation and that it conforms to our requirements for margins, diploma date, quality of paper, and original signatures.

Please accept the *electronic* copy of this honors paper for deposit in the Library.

Filename assigned (usually student email prefix and year): _____ .pdf

(Signature) (Date)

MULLINS LIBRARY

Mullins Library acceptance of honors paper for deposit in Library:

(Signature) (Date)