

THESIS/DISSERTATION BINDING FORM

**SCHOOL OF GRADUATE STUDIES
MEDICAL COLLEGE OF GEORGIA**

NAME: _____

TITLE OF THESIS/DISSERTATION: _____

Enclosed are 3 copies of my thesis/dissertation on Crane's paper, as required by Graduate Studies. (1 copy will go to the department; 2 copies will go to the Library) *There is no charge to the student for these.*

Enclosed are _____ personal copies of my thesis/dissertation to be bound.

My check for \$ _____ is enclosed, payable to **MCG Library**.

The cost for binding personal copies is:

\$35.00 for 1 or 2 copies

\$52.50 for 3 copies (all additional copies are \$17.50 each)

The cost for shipping *UPS Insured (for tracking purposes)* is:

\$10.00

If you plan to remain in the Augusta area, please list a local address and telephone number. The MCG Library will notify you when the bindery shipment is returned so you may pick up your copies.

Local Address : _____

Local Phone : _____

If you do not expect to be in Augusta, the Library will mail all copies to a single address. The Library will not make multiple mailings. Please list the address to which your copies are to be mailed.

Name : _____

Street : _____

City : _____ State : _____

Zip Code : _____