



Form 2

RECEIPT OF READERS' COPIES

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Readers' copies submitted (please sign and date below).

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

\_\_\_\_\_  
Signature of Chairperson

\_\_\_\_\_  
Date

Return to Dean's Office