

Thesis/Dissertation Student-Copy Editor - Agreement Form

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Thesis/Dissertation Name:	

In reading the Thesis/Dissertation for submission, he/she has permission to seek professional copy editing of the Thesis/Dissertation stated above.

Supervisor's Name: (print) _____

Supervisor's Signature:

I have read this document and agree to follow the guidelines listed above:

Student Signature:		
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Copy Editor Name: (print)	

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.cc Student, Copy Editor, Supervisor .cc Faculty of Nursing, Graduate Programs Office - <u>nursgrad@ucalgary.ca</u>