AMOUNT: _____



Authorization Form for Departmental Support Services to charge the Library for one (1) copy of the thesis below.

Date:	
Name:	
Department:	
Thesis Title:	
	pleted and accepted by the Department of as a partial requirement for the following
degree:	
☐ B.A. Honours	☐ B.Sc. Honours
☐ B.Comm. Honours	☐ M.Sc.
Signature:	
Two copies to be purchase	Departmental Support Services) ed by the Ralph Pickard Bell Library. s of photocopying and binding.