



GRADUATE LIBERAL STUDIES PROGRAM

ARCHIVAL COPY BINDING FORM

Keep copies of everything you submit in case something gets lost in the mail.
For more information, see www.wesleyan.edu/glsp

PERSONAL INFORMATION

Wesleyan ID#: _____

Name: _____

Address: _____

City, State, Zip: _____

ARCHIVAL COPY REQUEST

** Students are strongly encouraged to order one bound copy for their own record in addition to the one required copy for the Olin Library archives.*

_____ Number of archival copies submitted for binding.

- I will pick up bound copies at the GLSP office. Please notify me via email when copies are ready.
- Please mail my copies to my above home address.

PAYMENT (*Payment in full is required*)

Each archival copy: \$20 \$ _____

Total amount due: \$ _____

Payment method:

- Visa
- MasterCard
- Check made payable to Wesleyan University

Charge card number: _____ - _____ - _____ - _____

Expiration date: _____ / _____ Authorized signature: _____

GLSP OFFICE USE ONLY
Payment received: _____
Date processed: _____
Processed by: _____