

UNIVERSITY OF ARKANSAS GRADUATE SCHOOL

Library Transmittal Form

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Email: _____ Country of Origin: _____

List all contact number(s) in the event of problems/questions: _____

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I certify that the manuscripts have been carefully proofread and that all wording, spelling, and page numbering have been thoroughly checked, even after duplication. I understand that no changes can or will be made to the manuscripts after submission.

By my signature, I certify that I have read and agree with the above statement.

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