REPRODUCTION FORM

Master and Engineer Degrees only

			Date submitted:
Type of Degree (circle	one): SM	OE Other _	Date of Degree (Feb., May., or Sept., and year):
Author's Name (as it s	hould appear	on the cover):	·
Author's Last Name (as it should a _l	ppear on spine	of thesis):
/HOI Dept.:Forwarding Email:			Cell Phone:
Cover Title (as it shou	ld be on cover	r) :	
Spine Title (as it shoul	d appear on sp	pine; abbreviat	te to 50 characters, including spaces):
Three Key Terms (for	the MBLWH	IOI Library Co	ollection):

DISTRIBUTION

Order For:	Blue	Unbound (for	WHOI Project	Deliver Blue
	soft bound	grey hard-	No.	Copies to:
		binding)		
APO (Student Center)	1		00460200-5390	APO, MS #31
APO (WHOI Dept. Chair)	1		00460200-5390	APO, MS #31
WHOI Data Library & Archives	1		00460200-5390	APO, MS #31
Author Complimentary Copy		1	00460200-5390	APO, MS #31
APO (must be printed on archival paper)		1	00460200-5390	APO, MS #31
ONR (if funded) – 1 Blue Softbound Copy			00460200-5390	APO, MS#31
Thesis Supervisor (Signature Required)				APO, MS#31
Author (Additional Copies)				APO, MS#31

NOTES: Author must provide at least one thesis printed on archival paper with original signatures for APO.

1