

Student Information:

Date: _____ Student Name: _____ Advisor Name: _____

Title _____ of _____ Paper: _____
_____ Name _____ of

Journal: _____

Date of Submission: _____

Please attach proof of submission

Advisor Approval of Revisions and Submission to Journal:

My signature serves as confirmation that _____ (student name) has both made the requisite revisions to the Second Year Research Paper, and that I have approved submission to a refereed journal.

Advisor Name (Print): _____

Advisor Signature

Date

Advisor submits completed form as either scanned signed electronic copy, or signed hard copy, to Ph.D. Graduate Counselor, Sarah Singh, sksingh@uci.edu.