2014 SECOND YEAR RESEARCH PAPER
Proof of Revision and Submission for Publication

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. Program Coordinator, Leora Fellus, lfellus@uci.edu.