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.