

SAMPLES OF THE PRELIMINARY PAGES

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Approval page

Abstract for Doctoral dissertation

Abstract for Master's thesis

Sample letter requesting circulation restriction

Sample letters requesting permission to use copyrighted material

BOSTON UNIVERSITY
SCHOOL OF CANDIDATE

*[Use official school
name from attached list]*

Dissertation

**THE TITLE OF THE DOCTORAL DISSERTATION IN ALL
CAPITAL LETTERS AND CENTERED**

by

YOUR FULL NAME IN ALL CAPITALS AND CENTERED

*[Your name should be in
order of first, middle, and last]*

B.A., University of Maine, 1990
A.M., Harvard University, 1995

*[Place volume numbers here if
necessary (e.g., Volume I of III)]*

Submitted in partial fulfillment of the

requirements for the degree of

Doctor of _____

200__

[year degree officially conferred]

BOSTON UNIVERSITY

SCHOOL OF CANDIDATE

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Thesis

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A.A., Fisher Junior College, 1989
A.B., Harvard University, 1993

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Submitted in partial fulfillment of the

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Master of _____

200__

[year degree officially conferred]

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COLLEGE OF ENGINEERING

COLLEGE OF FINE ARTS

GRADUATE SCHOOL OF ARTS AND SCIENCES

HENRY M. GOLDMAN SCHOOL OF DENTAL MEDICINE

METROPOLITAN COLLEGE

SARGENT COLLEGE OF HEALTH AND REHABILITATION SCIENCES

SCHOOL OF EDUCATION

SCHOOL OF HOSPITALITY ADMINISTRATION

SCHOOL OF MANAGEMENT

SCHOOL OF MEDICINE

SCHOOL OF PUBLIC HEALTH

THE UNIVERSITY PROFESSORS

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200__

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Name of First Reader, Ph.D.
Professor of

Second Reader _____
Name of Second Reader, Ph.D.
Associate Professor of

Third Reader _____
Name of Third Reader, Ph.D. (if applicable)
Lecturer in
Harvard University, School of Medicine

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The first page on which a number appears is the acknowledgments page.
If no acknowledgments, then the first page on which a number appears
is the first page of the abstract.

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ABSTRACT

The body of the abstract begins here and is typed double spaced. A doctoral dissertation abstract is limited to 350 words.

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SAMPLE LETTER REQUESTING CIRCULATION RESTRICTION

May 15, 200_

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(Your address)
Boston, MA 02215

Thesis/Dissertation Coordinator
Mugar Memorial Library
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Boston, MA 02215

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Sincerely,

(your signature)

(Print your name and date)

(your professor's signature)

(Print your major professor's name and date)

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Sincerely,

[Your name and signature]

PERMISSION GRANTED FOR THE
USE REQUESTED ABOVE:

[Type name of addressee
below signature line]

Date: _____