

6. FORMS AND ATTACHMENTS

FORM A: Request for Copying Services

Name of the Instructor: _____

Date Submitted: _____

Date Needed: _____

Name of the Course: _____

Items/Pages to be Copied: _____

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***Please submit this form to the MICP office at micp@georgetown.edu or via fax at 202.687.4881
at least two days prior to date needed.***