



# Thesis Submission Questionnaire

Library

Date

Department

Submitted By

Email Address

## QUESTIONS

Laurie Swartwout  
6801 North Yates Road, Box 526  
Milwaukee, WI 53217  
414.410.4264  
lgswartwout@stritch.edu

1. Our department is interested in participating in the Digital Repository.  Yes  No
  
2. Students will be submitting their own works to the Digital Repository.  Yes  No
  - 2a. If yes, do you want a list of which students submitted work at the end of each term?  Yes  No
  
3. Department Faculty/Staff will submit students' work.  Yes  No

Please email this completed form to Laurie Swartwout at [lgswartwout@stritch.edu](mailto:lgswartwout@stritch.edu)