



## PROOF OF DISSERTATION CONSULTATION FORM

*Please have this form completed by a WU Doctoral Writing Center Specialist or an outside professional editor.*

**To be filled out by the doctoral student:**

I, \_\_\_\_\_ (student name in print), confirm that I have consulted with a professional editor to review my dissertation on \_\_\_\_\_ (date of consultation).

Editor Type: (check one)

- WU Doctoral Writing Center Specialist  
 Outside Professional Editor

Student Signature \_\_\_\_\_

**To be filled out by the editor:**

I, \_\_\_\_\_ (professional editor name in print), confirm that I have consulted with the above student to review their dissertation on \_\_\_\_\_ (date of consultation).

Editor Signature \_\_\_\_\_

Specific Areas Covered (*Check all that apply*)

- |  |  |
|--|--|
| <input type="checkbox"/> Reciteworks                               | <input type="checkbox"/> Front Matter                      |
| <input type="checkbox"/> Reference List                            | <input type="checkbox"/> Table/Figure Formatting           |
| <input type="checkbox"/> In-Text Citations                         | <input type="checkbox"/> Headings Levels & Formatting      |
| <input type="checkbox"/> Copyright (Tables/Figures)                | <input type="checkbox"/> Text, Alignment, Spacing, Page #s |
| <input type="checkbox"/> Permission/Proof of Purchase (for survey) | <input type="checkbox"/> Mechanics                         |
| <input type="checkbox"/> Other APA Formatting                      | <input type="checkbox"/> Turnitin Report                   |
| <input type="checkbox"/> Other: _____                              | <input type="checkbox"/> Appendices                        |