

# Document Information Form for SMU Digital Repository



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Name:	Email:

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**Document Date** (select one)       **Creation**       **Publication:**

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<input type="checkbox"/> Article	<input type="checkbox"/> News Article
<input type="checkbox"/> Book Review	<input type="checkbox"/> Other
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<input type="checkbox"/> Dissertation	<input type="checkbox"/> Presentation
<input type="checkbox"/> Editorial	<input type="checkbox"/> Response or Comment
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**Department** (academic division, school, or department):

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## Optional Information

Document Information Form for SMU Digital Repository (cont.)

### Other Contributors:

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