



**AASV STUDENT SEMINAR
CO-AUTHOR CONFIRMATION FORM**
(only one co-author confirmation form is needed per abstract)

2016

STUDENT INFORMATION

Student Name: _____

Abstract Title: _____

CO-AUTHOR INFORMATION

Name: _____

Position: _____

Affiliation: _____

E-mail Address: _____

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CO-AUTHOR CONFIRMATION

Please certify by checking the following statements:

- I accept being listed as a co-author on this abstract.
- I attest to this student's character and interest in swine medicine.
- I am a veterinarian and/or veterinary school faculty member.
- I have worked with this student in (check all that apply):
 - Design of the project
 - Implementation of the project
 - Development of this abstract

COMMENTS:

(optional)

Save this form as "*StudentLastName_StudentFirstName_CoAuthorForm.pdf*" (example: Smith_Mary_CoAuthorForm.pdf)

E-mail the saved form to Dr. Alex Ramirez: alex@aaav.org (send from the e-mail address you listed above).

Due date: Monday, September 21, 2015, 11:59 pm CDT