



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

**2018**

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**Abstract Title:** \_\_\_\_\_

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**Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Affiliation:** \_\_\_\_\_

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- 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 (check all that apply):     University faculty     AASV member     Veterinarian
- I have worked with this student in (check all that apply):
  - Design of the project
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Save this form as "*StudentLastName\_StudentFirstName\_CoAuthorForm.pdf*" (example: Smith\_Mary\_CoAuthorForm.pdf)

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**Due date: Wednesday, September 20, 2017, 11:59 pm CDT**