

## Manuscript Transmittal Form for EDIS Authors

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### Title of manuscript

### Author footnote information

(names/titles/affiliations)

### Contact author

Name:

### Departmental review

(required for new or major revisions)

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External reviewers:

### Routing information

Department:

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Initiatives/Priorities:

### Special instructions

(deadlines, related events, news releases, etc.)

### Publication history

- New project
- Existing project (original date: \_\_\_\_\_ )
  - Minor revision\*
  - Major revision\*

### Metadata

DLN (if known):

IPN (if known):

Series title (if applicable):

Is this a translated version?  Yes  No

Language

Title of original

\*Please discuss the revision with your department's EDIS editor before designating revision type.

### Intended audiences

- Academic
- General public
- Industry/commercial
- Spanish speaking
- Other:

Is this publication 4-H related?  Yes  No