

## 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)

In-unit reviewers:

External reviewers:

### Routing information

Department:

REC:

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

☐ Spanish speaking

☐ General public

☐ Other:

☐ Industry/commercial

Is this publication 4-H related? ☐ Yes ☐ No