

Proofreading Request Form - Other

Work type: (We only accept translation work on a case-by-case basis)

Language Preference: (Without any indication the default language is Oxford English)

UniNE Author(s):

Contact Person:

Email: **Telephone:**

Request date: **Due date:**

Department:

Faculty: **Other:**

Other

Title:

Page length:

Text to proofread:

This form has to be sent with each proofreading request together with your texts per email to Secteur.RI@unine.ch

Thank you for your request. We will confirm the expected delivery time as soon as possible.