

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

## **Manuscript Transmittal Form for EDIS Authors**

| Title of manuscript                                                              | Publication history                                                           |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
|                                                                                  | ☐ New project                                                                 |
| Author footnote information (names/titles/affiliations)                          | ☐ Existing project (original date: )                                          |
|                                                                                  | ☐ Minor revision*                                                             |
|                                                                                  | ☐ Major revision*                                                             |
| Contact author  Name:  Departmental review (required for new or major revisions) | Metadata                                                                      |
|                                                                                  | DLN (if known):                                                               |
|                                                                                  | IPN (if known):                                                               |
|                                                                                  | Series title (if applicable):                                                 |
| In-unit reviewers:                                                               | Is this a translated version? $\square$ Yes $\square$ No                      |
|                                                                                  | Language                                                                      |
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| Routing information                                                              | *Please discuss the revision with your department's                           |
| Department:                                                                      | EDIS editor before designating revision type.                                 |
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|                                                                                  | Is this publication 4-H related? □ Yes □ No                                   |
| Special instructions                                                             |                                                                               |