



Student Monthly Labor Review (MLR) Submission Form

Submit form and associated files to: Studentmlr@bls.gov

Contact information

Student Name: _____ Student Email: _____

Advisor Name: _____ Advisor Email: _____

Form submitted by: Student Advisor/Professor

Education Information

University: _____ Major: _____

Expected Graduation Date: _____ Year in School: _____

Degree Type: Undergraduate Masters

Submission Information

Paper Title: _____

Abstract (150-word limit):

I affirm that this article is original work, written by the names individual(s), and that all contributors and references are properly credited. I have the rights to the is work and it has not been published elsewhere.

Student Signature: _____ Date: _____

I have reviewed this student's work and find it to be appropriate for submission to the Student *MLR*.

Adivsor Signature: _____ Date: _____