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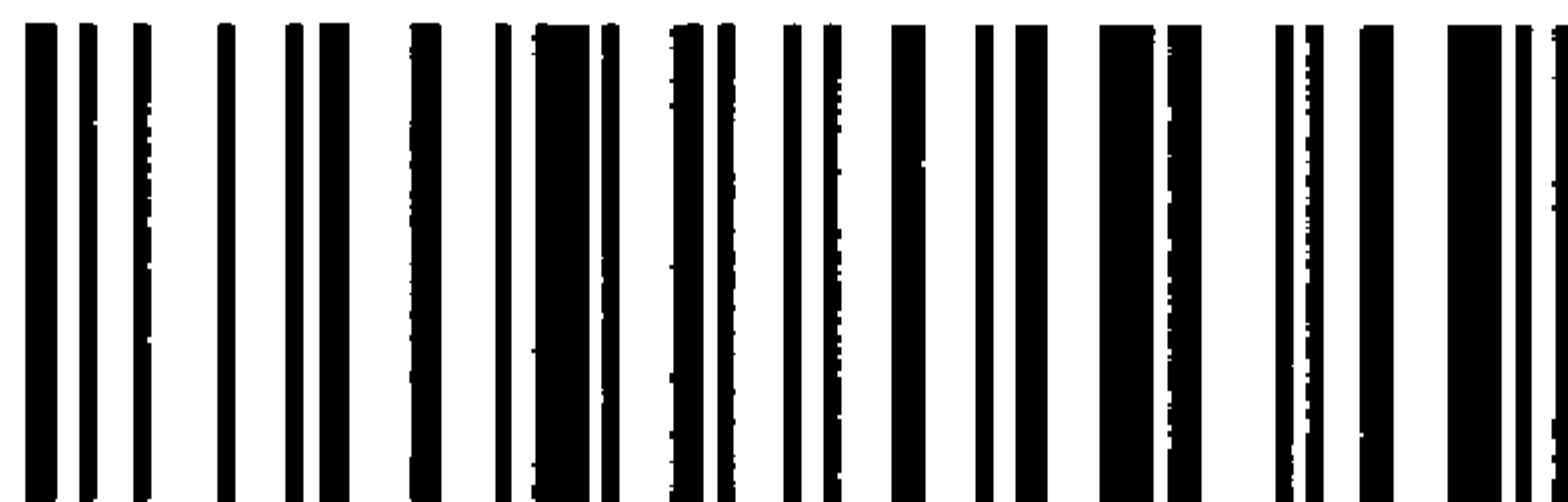
OFFICE OF THE ASSOCIATE PROVOST

Name

Title

Background

Grievance Date



BREAK