

FOR OFFICE USE ONLY:

Job Number/Title _____

PRIMARY CONTACT _____

Assigned To _____

Phone _____

Date _____

E-mail _____

Project Request _____

Date Needed _____



GARDNER-WEBB
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Approval Form

Contact _____

Project Name _____

Date _____

Please check this proof carefully for errors and omissions. Once you have reviewed this document, check one of the following boxes, sign where indicated, and return via fax or e-mail.

I approve of the project for print.

This means I have checked the following:

All contact information is correct (*address, telephone, fax, e-mail, URL*).

All event information is correct (*date, time, location*).

All copy is correct (*names, titles, spelling, grammar, etc.*).

The correct budget # is: _____ The approximate cost is: _____

Make corrections and send new proof.

The signature below indicates pre-publication clearance and **FINAL APPROVAL** for this project. The Office of Creative Services is not responsible for errors once printed.

Signature _____ Date _____

Final Review (*For Creative Services Use Only*) _____