Publications Approval Form

I. ITEM & DESCRIPTION (Attach item)

Title: ________________________________________________________________

Type of publication (brochure, catalogue, video, etc.): ______________________

___ New       ____ Revised

If revised, indicate the areas or pages changed. Attach previous version.

External target audience(s) (recruits, students, alumni, etc.): _________________

________________________________________________________________________

________________________________________________________________________

II. REVIEW, APPROVAL, SIGN-OFF

A. Requestor:
I have reviewed the above item for content, accuracy and consistency with the department’s mission and the University’s publication guidelines*.

________________________________________________________________________

NAME ___________________________________________________ DATE __________

________________________________________________________________________

TITLE ____________________________________________________________

-Over-
B. **Supervisor or Department Head:**
I have reviewed the above item for content, accuracy and consistency with the department’s mission and the University’s publication guidelines*. 

Approved by:

__________________________________________________________________________

NAME \hspace{3cm} DATE

__________________________________________________________________________

TITLE

C. **Vice Chancellor/Unit Head or designee:**
I have reviewed the above item for content, accuracy and consistency with the department’s mission and the University’s publication guidelines*. 

Approved by:

__________________________________________________________________________

NAME \hspace{3cm} DATE

__________________________________________________________________________

TITLE

D. **Communications and Marketing:**
I have reviewed the above item for content, accuracy and consistency with the University’s mission, State-mandated guidelines, compliance with UNC General Administration, Consent Decree and other federal regulations:

_______ Approved

_______ Returned for modification as noted below

Reason(s) for return:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

NAME \hspace{3cm} DATE

__________________________________________________________________________

TITLE