

# publication review

External publications must be approved by the Office of Communications. This form should be submitted with the proposed text (preferably placed in the design format) to the Office of Communications, Bayou Building, Suite 2519, Box 199, at least five to 10 working days prior to the date the publication is needed. The text provided should be as close to final form as possible (i.e., all spelling checked, all information complete and verified). For additional information, call Ext. 2015. \*Student recruitment materials require approval from the appropriate school(s) and the Associate Vice President for Enrollment Management prior to review by the Office of Communications.

## Requested By

Office/Organization: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Project Coordinator: \_\_\_\_\_ Coordinator's Title: \_\_\_\_\_

UHCL Box No.: \_\_\_\_\_ UHCL Ext.: \_\_\_\_\_ E-mail \_\_\_\_\_ Home Phone: \_\_\_\_\_

Signature of Dean/Associate Dean/Director/Faculty Adviser: \_\_\_\_\_

\* NOTE: Dean or Associate Dean signature required for student recruitment materials.

Signature of Associate Vice President, Enrollment Management: \_\_\_\_\_

## Publication Description

Name of Publication: \_\_\_\_\_

Purpose of Publication: \_\_\_\_\_

Target Audience(s): \_\_\_\_\_

Circulation (quantity produced): \_\_\_\_\_

Frequency:  Weekly  Monthly  Quarterly  Annually  Other \_\_\_\_\_

Format:  Brochure  Newsletter  Post Card  Flier/Poster  Other \_\_\_\_\_

Ink Specifications:  1-Color  2-Color  3-Color  Other \_\_\_\_\_

Ink Color(s): \_\_\_\_\_

Production Method:  UHCL Print Shop  UHCL Copy Center  
 Outside Vendor (printer)  Other \_\_\_\_\_

How and where will publication be distributed? \_\_\_\_\_

## Compliance with the Texas State Publications Depository Program

Will copies of this publication be distributed in compliance with the Texas State Publications Depository Law?

Yes  No If yes, quantity to be distributed: \_\_\_\_\_

Name of UHCL Publications Contact Person: \_\_\_\_\_ Ext.: \_\_\_\_\_

## Office of Communications Use

Consultation Date: \_\_\_\_\_ With: \_\_\_\_\_

Comments:  OK to print as is  OK to print as corrected  
 Submit another proof  Other \_\_\_\_\_

Approved  Yes  No Signature: \_\_\_\_\_ Date: \_\_\_\_\_

University of Houston  Clear Lake

Office of Communications

2700 Bay Area Boulevard Houston, Texas 77058-1098 281-283-2015 FAX 281-283-2034 www.uhcl.edu