



Student
Media
Office

MEDIA COVERAGE REQUEST

Requesting Party:

Mobile Number:

Email Address:

Activity Title:

Type of Coverage:

Type of Activity:

Event Description:

Program Highlights:

Date:

Time:

Venue:

Notes:

Reminders:

1. Please submit this form in duplicate, along with the materials related to the request, to the Secretary of the Student Media Office (SPS-501) a week before your activity.
2. Publication of the material is subject to space availability.

Action Taken: (to be accomplished by SMO Representative)

Date Received: Date Released:

Status:

Evaluated by:

(Signature above printed name)
SMO Representative