

Name of Organizatio	n:	
Title of Publication:		
Step 1: Please check that you have all the requirement Checklist (for first releases):  Frequency (per school year)  Editorial Board Members  Target Readers  Training Needed (if any)		red documents before forwarding them to SLIFE.  Document Checklist (for subsequent releases):  Proposed Content / Concept Paper  Objectives  Printing Specifications  Budget  Dummy Print / Layout
Submitted by:	(Signature above printed name) Organization Representation	Mobile Number:  Email Address:
<b>6. 6 6 1 1 1 1 1 1</b>	1 21 1	
-	orm along with the require	d documents to the SLIFE Coordinator for Operations for initial
assessment.  Date Received:		Date Released:
_		Date Neleaseu.
Recommended for SMO Evaluation:		
SIVIO EVAIUALIOII.		
	/Signature above pri	inted name)
(Signature above printed name) SLIFE Coordinator / CSO / USG P&M Team		
Step 3: Submit to the Student Media Office for editing and approval.		
Date Received:		Date Released:
Comments:		
Evaluated by:		
	(Signature above printed n	
SMO Representative		