

PROJECT REQUEST FORM

This form is optimized for use in Adobe Acrobat or Adobe Reader.

 Submit to designers@schoolcraft.edu

REQUESTER

Name	Department	Request Date	m/d/yy
Phone	Email		

Project Title	Who will give final approval?
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Audience (Students, staff, community, etc.)

First Review Deadline	m/d/yy	Final Review Deadline	m/d/yy	Due Date	m/d/yy
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Allow at least 5 business days

<input type="checkbox"/> Update/Revision. Please attach a PDF. Indicate revisions using the "Comment" tool in Adobe Acrobat and Reader. <input type="checkbox"/> New Project. Include approved copy in a .doc or .docx file	MARCOM USE ONLY <input type="checkbox"/> Photo Asset Request. Specify in Notes below <input type="checkbox"/> Events Calendar Graphic (900x450 px)
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New Project: What type of deliverable are you requesting?

<input type="checkbox"/> Postcard	<input type="checkbox"/> Poster/Banner	<input type="checkbox"/> Flyer	<input type="checkbox"/> Other. Please specify in the Notes below.
<input type="checkbox"/> Publication (booklet, brochure, etc.)	<input type="checkbox"/> Signage		

Look, feel, and tone you want to convey. That is, what is the non-verbal message you want to send?

How will the finished product be distributed? Electronically Hard copy

For printed copies, complete the [Printing Requisition](#) (a.k.a. Job Ticket) and email it to ddc@schoolcraft.edu with the approved PDF.

Size

8½x11 in. (letter) 8½x14 in. (legal) 11x17 in. (tabloid) Other _____

Finishing Duplication Design Center Outside print provider To be determined

Notes