

STUDENT PUBLICATIONS SUGGESTION FORM (SPSF)

Name of Publication: _____

Issue Date/Issue No: _____

SUGGESTION/S:

CONTENT
LAYOUT AND DESIGN

OTHER REMARKS:
_____ _____

Submitted by:

(SIGNATURE ABOVE COMPLETE NAME)

Contact details:

*Please forward accomplished SPSF to the Student Publications Office at GHM115. For any question or concern, please call the SPO Director at local 3122.