



## PROGRAM EVALUATION FORM

For Program Submission to The College Channel

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PROGRAM TITLE

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EPISODE TITLE

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SUBMISSION DATE

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NUMBER OF REELS

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PROGRAM LENGTH

**PLEASE CHECK ALL APPLICABLE:**

AUDIO FORMAT

- MONO
- STEREO

LEADER & ROLLOUT

- BARS AND TONE
- SLATE
- COUNTDOWN CLOCK
- ROLLOUT (1:00 BLACK)

UNDERWRITING

- DRAKE SJMC
- DBS
- DTC
- DMACC
- GVC

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CONTENT PRODUCER/PROVIDER

**FOR OFFICE USE ONLY:**

- LEADER/ROLLOUT/COPYRIGHT PRESENT
- PROGRAM LENGTH ACCURATE
- MEETS TOS/BROADCAST STANDARDS

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DELIVERY DATE

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INSPECTED BY