

WEB DESIGN PROOF APPROVAL

State University of New York at New Paltz

Web Management Office

Project name _____

Department _____ Contact Person _____

Please review the **design** idea developed for your site at the temporary addresses below by the due date listed. (Note: No links work at this time, as this is only a design proof.) After ten days the design proof will be taken off-line. This is your opportunity to make final comments with regards to the design before the entire site is constructed. Sites will not be constructed until you have approved this new design, and sign below. Please call or set up an appointment with the Web Coordinator if you would like to make adjustments to this design idea. If the design is ok, please check that box below, sign & date, and fax back to x3889.

Please review the DESIGN proof of your Web site at this temporary location:

FRONT PAGE http://_____.newpaltz.edu/_____

INSIDE PAGE http://_____.newpaltz.edu/_____

_____ http://_____.newpaltz.edu/_____

E-mail: reubenr@newpaltz.edu
Phone: x3274

Office/Mail: HAB 411
Fax: x3345

PROOF #	DATE OF PROOF	DUE DATE	ACTION	SIGNATURE
1			<input type="checkbox"/> DESIGN IS OK (No modifications needed, construct entire site.) <input type="checkbox"/> Make modifications and send another proof.	_____ Signature _____ Date
2			<input type="checkbox"/> DESIGN IS OK (No modifications needed, construct entire site.) <input type="checkbox"/> Make modifications and send another proof.	_____ Signature _____ Date
3			<input type="checkbox"/> DESIGN IS OK (No modifications needed, construct entire site.) <input type="checkbox"/> Make modifications and send another proof.	_____ Signature _____ Date
4			<input type="checkbox"/> DESIGN IS OK (No modifications needed, construct entire site.) <input type="checkbox"/> Make modifications and send another proof.	_____ Signature _____ Date