

DESIGN APPROVAL

TO: _____

FAX #: _____

Date materials Received: _____

Licensing Administrator: Stephen Summers

Phone: (262) 472-1172

Fax: (262) 472-1275

Affiliation: IND CLC LRG NBCL NCAA BOWL SKI

Designation Requirements: _____ TM _____ 7

_____ None _____ Other

Please specify location of marks: _____

Approval: _____ Yes _____ No _____ Yes, with changes noted below

_____ No, with reasons or corrections needed to obtain approval.

Siganture: _____ Date: _____

Deputy Assistant Chancellor
for Student Affairs