

POST PRODUCTION CENTER

GRADUATE THESIS ARCHIVE
WORK ORDER

Name: _____ Class: _____
Phone: _____ Email: _____
Title of Project: _____ Number of Source Elements: _____

Source: Hard Drive Flash Drive (Please Circle All That Apply)

Delivery: Master ProRes422HQ _____ Master Web (H264) _____ (Please Check All That Apply)

Archive to LTO:

SPECIAL INSTRUCTIONS:

Label your Files as follows: SEMESTER-YEAR_TYPE_TITLE_LASTNAME

Master example: F-2018_MASTER_COUNTRY DARK_OFFUTT

Web example: F-2018_WEB_COUNTRY DARK_OFFUTT

SIGNATURE: _____ DATE: _____

*** Post Center Initials: _____

Date Completed: _____ Post Center Worker: _____

Date Picked Up: _____ Student Signature: _____ *

*I certify that all of my materials have been returned.