



PRODUCT APPROVAL FORM

Please use this form when submitting products for approval.
ONE PRODUCT PER FORM

Date Submitted: _____ No. pages returned _____ (Including this one)

TO: The Ohio State University Attn: Rob Cleveland 1100 Kinnear Rd Suite 210 Columbus, OH 43212-1152 Phone: 614-292-1562 Fax: 614-292-2023	FROM: Licensee: _____ Contact: _____ Address _____ Phone: _____ Fax: _____
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Product: _____

Complete Description (e.g. V neck, Size, T-shirt) Including Color: _____

Fiber Content, Material (e.g. 100% cotton, solid brass), Weight, etc: _____

Manufactured by: _____

How is logo applied?: _____

Who applies logo? (Company Name): _____

Country of Origin: _____ Approximate Wholesale Price: _____

Order Pending? Yes [] No []	Order For: _____ _____
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Please do not write below this line

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PRODUCT IS:    Approved \_\_\_\_\_    Approved with changes \_\_\_\_\_    Denied \_\_\_\_\_

Concept Approved \_\_\_\_\_ (Submit Ohio State sample for approval prior to production)

Comments: \_\_\_\_\_

\_\_\_\_\_

By: \_\_\_\_\_  
Office of Trademark & Licensing Services

Date: \_\_\_\_\_