



# SEGMENT COMPLETION FORM

Segment Title: \_\_\_\_\_

Due Date: \_\_\_\_\_ Air Date: \_\_\_\_\_ Length: \_\_\_\_\_

Segment Reporter: \_\_\_\_\_

Other Crew Member(s): \_\_\_\_\_

### Verify and check off the following :

- \_\_\_\_\_ 5 seconds of footage (cushion) at beginning
- \_\_\_\_\_ 5 seconds of footage (cushion) at end
- \_\_\_\_\_ VO is clear and conversational
- \_\_\_\_\_ Exported as QuickTime Movie
- \_\_\_\_\_ Raw Footage Tapes submitted
- \_\_\_\_\_ Copy of script is included
- \_\_\_\_\_ NAT SOUND/MUSIC do NOT COMPETE with VO

### ANCHOR TOSS:

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### Sound Bites/Lower Thirds

Complete Name

School/Postion/Title

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