Library Course Reserve Request Form

Please allow at least two working days before notifying students that materials are on reserve.

Semester: ______________________

<table>
<thead>
<tr>
<th>Print: Instructor’s Name</th>
<th>Phone Number</th>
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<thead>
<tr>
<th>Print: Course Title</th>
<th>Number</th>
<th>Section</th>
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This material is:
- □ New List
- □ Additional Item
- □ Renewal

Material Status
- □ Place library copy on reserve.
- □ My personal copy is being supplied.

Place this material on reserve for:
- □ 2-Hour library use only.
- □ 24-Hour take home reserve.
- □ 4-Hour Reserve.
- □ Other: __________________________

Please Check:
- □ Book
- □ Photocopy
- □ VHS
- □ CD
- □ Periodical
- □ Other: ______________

If the list is too long for this space, please attach a separate list or continue list on back of sheet. Fill out one sheet per class, not per item, please. List Author/Title (if library material list call number):

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

By signing this form, I hereby authorize the library to put a barcode and a reserve sticker on any personal materials. I also acknowledge that I have complied with relevant copyright laws.

_________________  ______________________________
Date                Instructor’s Signature (Required)

Questions? Call the Circulation Supervisor at 863-8404.

For Office Use Only

Date Received______________ Date Completed______________