

REQUEST FOR MATERIAL TO BE PLACED ON RESERVE
(ONE REQUEST PER PAGE)

COURSE NUMBER: _____ COURSE TITLE: _____

FACULTY/STAFF NAME: _____ DATE: _____

TITLE OF MATERIAL TO BE PLACED ON RESERVE: _____

MATERIAL IS PROPERTY OF: _____

INSTRUCTIONS: PLEASE ALLOW STUDENTS TO CHECK OUT THE MATERIAL (check one)

_____ For library use only

_____ May be checked out overnight

_____ May be checked out for 2 days

_____ May be checked out for 1 week

IF CLASS WILL BE TAUGHT SUBSEQUENT SEMESTERS, PLEASE INITIAL NEXT TO THE FUTURE SEMESTER(S) THAT MATERIALS SHOULD REMAIN ON RESERVE (up to 1 academic year).

Fall _____

Spring _____

Summer _____

_____ Instructor/Staff Signature

LIBRARY USE ONLY

LC STAFF RECEIVING REQUEST _____ DATE: _____

DATE ENTERED INTO SYSTEM: _____ BARCODE: _____