RESERVE FORM – BOOKS

DATE

PROFESSOR’S NAME_______________________ SEMESTER: FALL_____

DEPARTMENT/COURSE NO.______________ SPRING_____

COURSE NAME__________________________ TAKE OFF WHEN__________

PHONE NO.____________________________ OR

KEEP ON INDEFINITELY _____

PLEASE ALERT YOUR STUDENTS TO REQUEST BOOKS BY PROFESSOR AND AUTHOR AND/OR TITLE.

CALL NO. AUTHOR__________________________________________________

TITLE________________________________________________________________

YEAR/EDITION_________________________________________________________

__Library Copy __Personal Copy __To be ordered through ACQ. __Allow 6-8 wks. Minimum

CALL NO. AUTHOR__________________________________________________

TITLE________________________________________________________________

YEAR/EDITION_________________________________________________________

__Library Copy __Personal Copy __To be ordered through ACQ. __Allow 6-8 wks. Minimum

CALL NO. AUTHOR__________________________________________________

TITLE________________________________________________________________

YEAR/EDITION_________________________________________________________

__Library Copy __Personal Copy __To be ordered through ACQ. __Allow 6-8 wks. Minimum

CALL NO. AUTHOR__________________________________________________

TITLE________________________________________________________________

YEAR/EDITION_________________________________________________________

__Library Copy __Personal Copy __To be ordered through ACQ. __Allow 6-8 wks. Minimum

PLEASE NOTE:
1. Lists will be processed as soon as possible.
2. If you bring books directly to the Reserve Desk, they will be processed faster.
3. Professors are responsible for picking up their personal copies.