REQUEST FOR COURSE RESERVE

Please complete this form in order to place material on reserve.

Today’s Date: ___________________ Received by: ___________________

Name of Faculty/Staff/Tutor: ____________________________________________

Course/Program/Organization: __________________________________________

Title of Item: __________________________________________________________

Number of copies: _________ Number of items in folder _________

Status of reserve item: □ Photocopies □ Library book □ Personal copy of book

Default check out time is 2-Hours □ Fall ________ □ Spring ________ □ Summer ________ □ Permanent File at Circ

If 24-Hour is allowed, indicate here ____________

Date Field: __________ Returned: __________ Circ staff note: _______________________

Ordered: ______________________________ Received: ________________________

REQUEST FOR COURSE RESERVE

Please complete this form in order to place material on reserve.

Today’s Date: ___________________ Received by: ___________________

Name of Faculty/Staff/Tutor: ____________________________________________

Course/Program/Organization: __________________________________________

Title of Item: __________________________________________________________

Number of copies: _________ Number of items in folder _________

Status of reserve item: □ Photocopies □ Library book □ Personal copy of book

Default check out time is 2-Hours □ Fall ________ □ Spring ________ □ Summer ________ □ Permanent File at Circ

If 24-Hour is allowed, indicate here ____________

Date filed: __________ Returned: __________ Circ staff note: _______________________

Ordered: ______________________________ Received: ________________________