



COURSE RESERVES REQUEST FORM

Department:	Course Name / Number:
Quarter / Year:	# of Students:
Instructor (last name, first name):	
Instructor Campus Address:	Instructor Campus Phone / Email:
Additional Instructor / TA Campus Info:	Contact Name / Campus Phone / Email (<u>REQUIRED</u>)

One Quarter Reserve Only _____ (Y / N) Maintain this list for _____ Quarters
 Processing Time: 5 working days (M-F)

Check All That Apply	Item Information (including author, title, publisher info.)	Loan Period for Paper/AV	Check Material Type	LIBRARY USE ONLY
Paper / AV <input type="checkbox"/> ERes <input type="checkbox"/> WebCT <input type="checkbox"/>		2 hrs <input type="checkbox"/>	Book <input type="checkbox"/> Quiz <input type="checkbox"/> Book Chapter <input type="checkbox"/> Readings <input type="checkbox"/> Exam-Final <input type="checkbox"/> Review Questions <input type="checkbox"/> Exam-Midterm <input type="checkbox"/> Syllabus <input type="checkbox"/> Journal Article <input type="checkbox"/> Video (AV) <input type="checkbox"/> Other _____ <input type="checkbox"/>	# of copies: _____ call #: _____ status: _____
		1 day <input type="checkbox"/>		
		3 days <input type="checkbox"/>		
Paper / AV <input type="checkbox"/> ERes <input type="checkbox"/> WebCT <input type="checkbox"/>		2 hrs <input type="checkbox"/>	Book <input type="checkbox"/> Quiz <input type="checkbox"/> Book Chapter <input type="checkbox"/> Readings <input type="checkbox"/> Exam-Final <input type="checkbox"/> Review Questions <input type="checkbox"/> Exam-Midterm <input type="checkbox"/> Syllabus <input type="checkbox"/> Journal Article <input type="checkbox"/> Video (AV) <input type="checkbox"/> Other _____ <input type="checkbox"/>	# of copies: _____ call #: _____ status: _____
		1 day <input type="checkbox"/>		
		3 days <input type="checkbox"/>		

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