

Course Reserve Reading List

Instructor: _____

Keep Materials on Reserve for:

Dept: _____ Course Number: _____

- Fall Summer
- Spring Academic Year _____

*Return Personal/Dept. materials to: _____ on this date ____/____/____

Room number: _____ Building: _____

Ownership:

Title: _____

Library copy Author: _____

Personal/Dept. copy* Publisher: _____

Number of copies _____ Date of publication: _____ Edition: _____

Loan Period:

2-hour Library call number: _____

3-day Other information: _____

Ownership:

Title: _____

Library copy Author: _____

Personal/Dept. copy* Publisher: _____

Number of copies _____ Date of publication: _____ Edition: _____

Loan Period:

2-hour Library call number: _____

3-day Other information: _____

Ownership:

Title: _____

Library copy Author: _____

Personal/Dept. copy* Publisher: _____

Number of copies _____ Date of publication: _____ Edition: _____

Loan Period:

2-hour Library call number: _____

3-day Other information: _____

Special Instructions: _____

Use additional forms if needed.

Office Use Only:	
Date processed:	Shelf Check _____
_____ / _____ / _____	Statistics _____
	Pick List _____