



Reserve List Submission Form

Faculty Information

Name: _____
Department: _____ Campus Phone Extension: _____
Email Address: _____

Course Information

Course Name: _____
Course Number: _____

Semester on Reserve

Fall _____ Spring _____ Summer I _____ Summer II _____ Year 20 _____

*** Please Do Not Assign Readings until you have been notified that they have been placed on Reserve**

<i>Type</i> (check one)			<i>Author</i>	<i>Title</i> As given to the students on syllabus	<i>Loan Period</i> (check one)			<i># of Copies</i> 1, 2, or 3
Book	Photo	Media			2 hour	24 hour	72 hour	

Library Use Only: On Reserve as of ____/____/____

E-mailed faculty: ____/____/____