



David D. Palmer Health Sciences Library | Reserve Desk

## FACULTY Reserve Request Form

1. Please complete ALL sections of the following form and attach it to the reserve submission.
2. All materials submitted for courses with *multiple instructors* should be submitted by the **coordinator/primary instructor**. Renewal notices and all correspondence will be mailed to the coordinator/primary instructor.
3. We must have complete bibliographic information on all reserve submissions.
4. Please allow **one week for processing** reserve submissions.

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Instructor Name: \_\_\_\_\_ Department: \_\_\_\_\_

Phone: \_\_\_\_\_ Course Number: \_\_\_\_\_ Course Name: \_\_\_\_\_

Bibliographic information for submission [author, title, publication source, date and place of publication]:

Title \_\_\_\_\_ Author \_\_\_\_\_

Publication \_\_\_\_\_ Date & place of publication \_\_\_\_\_

Title \_\_\_\_\_ Author \_\_\_\_\_

Publication \_\_\_\_\_ Date & place of publication \_\_\_\_\_

Title \_\_\_\_\_ Author \_\_\_\_\_

Publication \_\_\_\_\_ Date & place of publication \_\_\_\_\_

Faculty Signature \_\_\_\_\_ Date \_\_\_\_\_