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.

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 ______________________