

Course Reserve Request Form

(One request per form)

Date: _____

Department: _____

Your Name: _____

Phone: _____

Office: _____

E-Mail: _____

Course Title: _____

Course: _____

Course Quota: _____

For example, COM 100

Semester / Year: _____

Number of Copies: _____

Reserve Length: *(check one)*

*Applies only to articles and book chapters.
More than one copy requires written permission of the
copyright holder.
Faculty are responsible for providing all copies.*

2-hour__ 2-hour & Overnight__
4-hour__ 3-day__ 7-day__

Article from a Journal*

Article Title: _____

Article Author: _____

Journal Title: _____

Vol.:__ Issue:__ Month:__ Year:__ Pages:__ - __ ISSN# _____

Book

Title: _____

Author: _____

Library Book _____ Personal Copy _____ *(Please check one)*

Chapter from a Book

Chapter Title: _____

Chapter Author: _____

Book Title: _____

Book Author: _____

Publisher: _____ ISBN# _____

City / State: _____ Year: _____ Pages: _____ - _____

Media Item

Title: _____

Format: CD DVD VHS *(circle one)* Other Format: _____

Library Item _____ Personal Copy _____ *(check one)*

Please bring completed form to the Information Commons Circulation Desk, in the lower lobby of E. H. Butler Library, along with your materials.