

COURSE MATERIAL RESERVE FORM

TODAY'S DATE: _____

INSTRUCTOR'S NAME: _____

EMAIL: _____ TELEPHONE: _____

DEPARTMENT: _____

COURSE TITLE: _____

COURSE NUMBER: _____

TYPE OF MATERIAL TO BE PUT ON RESERVE:
(circle all that apply)

TYPE	QUANTITY
Book(s) Owned by Instructor	
Article(s)	
Journal(s) Owned by Instructor	
Homework or exam solutions	
Audio Tape	
Video Tape	
CD-ROM	
DVD	

RESERVE PERIOD:

Please circle the appropriate choice(s)

Fall Term Spring Term Summer I Summer II Permanent

At the end of the Reserve period, do you want the material to be:
(Check one)

_____ **MAILED TO YOU** Address: _____

_____ **DISCARDED**

_____ **WILL PICK UP**

Signature _____

=====For Library Use Only: =====

Material was mailed to Instructor on _____

Material was discarded on _____

Library Staff Signature _____