LIBRARY COURSE RESERVE FORM

*PHOTOCOPYING OF COPYRIGHT MATERIAL MUST BE IN COMPLIANCE WITH PUBLIC LAW #94-553, CONCERNING COPYRIGHTS*

Instructor Name: ___________________________ Date: __________

Phone/Ext: __________________ Email: _____________________________

Course Title: ____________________________ Course #: ______________

Title: __________________________________________________________

Author: _________________________________________________________

Date for Reserve Removal: ________________________________________

Library Item:   Y    N    If yes, Call #: __________________________

In order that we may serve you and your students more quickly and efficiently, please state exactly how you will tell your students to request this item ______________________________________

Personal Copy:   Book______   Article______   Video______

   Cassette______   CD Rom______   Other______

(Revised 11/05)

Library is NOT responsible for loss of personal materials and cannot replace any loss.)

CIRCULATION PERIOD:

_____ 2 Hour/Library Use Only _____ 24 Hour/Overnight

_____ 3 days   _____________ 7 days

Note (not required): ____________________________________________________________________

Revised 11/05 ww