

BOOK RESERVE REQUEST FORM

PROFESSOR: _____ E-MAIL: _____ PHONE: _____

TA: _____ E-MAIL: _____ PHONE: _____

DEPT: _____ CAMPUS ADDRESS: _____

COURSE NAME: _____ COURSE NO.: _____

NO. OF STUDENTS: _____ SEMESTER: _____ YEAR: _____ DATE REC'D: _____

CIRCULATION PERIOD 2 HRS (LIBRARY USE ONLY) 2 HRS & OVERNIGHT OTHER: _____

BOOK RESERVES:

NOTE: At the beginning of each semester a minimum lead time of 10 days will be required according to the date needed.
Any materials not owned by the library can be ordered but will require additional time for the acquisition process.

STATUS <small>Office Use Only</small>	ND CALL # or 'PC' <small>(PC = personal copy)</small>	AUTHOR'S FULL NAME <small>(Last Name First)</small>	COMPLETE TITLE	DATE NEEDED

