

ABOUT... ..

For Library Use Only

Special Reserve Request Form

Date Received _____

Fill out this form and return it to the Access Services Desk.

Instructor's Name: _____

LIB#: _____

Department: _____

Telephone: _____

Copyright Clearance: _____

Password: _____

Course Number: _____

Course Title: _____

Reserve Dates: _____ to _____

What should the library do with these materials after the above dates? _____

NB: Item description may include such information as date, number, and course for an exam; call numbers for books; journal titles for articles; or other relevant information. Pages of items can be the page range of an item or the number of pages or both.

TITLE	ITEM DESCRIPTION	PAGES OF ITEM	# OF COPIES
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Add/Update Course

Course Number *

Parent Course Number

Course Name *

Instructor

Department *

Starting Date * (yyyymmdd)

Ending Date * (yyyymmdd)

Period * Spring semester
 Summer semester
 Fall semester
 Not active

No Of Students

Hours per Week

* **Mandatory field**