REQUEST FOR COURSE RESERVE

Please complete this form in order to place material on reserve.

Today's Date: _____ Received by: _____

Name of Faculty/Staff/Tutor: _____

Course/Program/Organization: _____

Title of Item: _____

Number of copies: _____ Number of items in folder _____

Status of reserve item: ☐ Photocopies ☐ Library book ☐ Personal copy of book

Default check out time is 2–Hours If 24-hour is allowed, indicate here _____

☐ Fall _____ ☐ Spring _____ ☐ Summer _____ ☐ Permanent File at Circ

- For official use only -

Date Filed: _____ Returned: _____ Circ staff note: _____

Ordered: _____ Received: _____

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