Traditional Course Reserve
-Books Only-

Semester Needed on Reserve: (please circle)  SPRING  SUMMER  FALL

Instructor’s Name: ______________________________________________________

Department Name: _____________________________________________________

Phone Number: _________________________________________________________

Course Number: ________________________________________________________

Complete Course Name: _________________________________________________

Instructor’s E-mail Address: ______________________________________________

Loan Periods Available for Traditional Reserve Materials
(Please Circle the Loan Period for this Course)

Strict Reserve - Items restricted to ‘In Library Use Only’

2-hour  3-hour  4-hour  5-hour

Overnight Reserve - Items may be checked out and removed from the library for an extended loan period.

1-day  3-day

Office Use Only

Date and Time Submitted: _________________________________________________

Accepted by: ___________________________________________________________

Notes: __________________________________________________________________

Add-On: ______________________

Over ➔