



**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: _____

	CALL NUMBER	TITLE	AUTHOR (LAST NAME)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			