Library Reserve Form *(Use a separate form for different title)*

Faculty Name __________________________________________________________

Course Number and Section ____________________________________________

Type of Reserve (choose ONE):  CLOSED Reserve (behind desk, must be charged)  OPEN Reserve (1st floor, open shelving)

Length of Reserve (CLOSED Reserve only):  2 hours  3 hours  4 hours  24 hours

Keep on reserve through:  Fall  Winter  Spring  of    _______ (academic year)

IF ITEM IS A FILM, will library copy be USED IN CLASS?  Y  /  N

If YES, what DATE and TIME will the film be PICKED UP and by WHOM?

NOTE: The Library is NOT responsible for lost or damaged instructor copies.

NOTE: Due to copyright restrictions, items MAY be removed from reserve at term end.

Cite item as it appears on your syllabus, using the fields below.

Please check the primary author and title you would like used in the library catalog.

☐ Title: __________________________________________________________

☐ Author: _________________________________________________________

☐ Article/Chapter Author (as needed): ________________________________

☐ Article/Chapter Title (as needed): ___________________________________