RESERVE

Book(s) and Material(s) to be put on RESERVE for student use.

Date_____ Semester_____ Year_____

Instructor_____ Office_____ Ext._____

Class_____Dept._____

Type of reserve: 2 hour_____ Overnight_____ 3 day_____Week_____

Do you want these items: returned at end of semester? Yes____ No_____

remain on reserve for_____Semester_____Year
be returned by_____?

Catalogued Book(s)

Call # Title Author

1. _____
2. _____
3. _____
4. _____
5. _____

Personal Book(s) and Material(s)

Title

1. _____
2. _____
3. _____
4. _____
5. _____

Please request additional sheets. Return to: Carol Hockenbury, LRC - Circulation