

# MEDICAL CENTER LIBRARY COURSE RESERVE REQUEST FORM

Instructor: \_\_\_\_\_ Campus Phone: \_\_\_\_\_ email: \_\_\_\_\_

Course Name & Number: \_\_\_\_\_ # of students: \_\_\_\_\_

Date to go on reserve: \_\_\_\_\_ Date to be taken off reserve: \_\_\_\_\_

Conditions of Use (check appropriate box):

2 Hour / cannot be taken from library

2 Hour / may be taken from library

1 Day

2 Day

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\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**Your signature is necessary for the processing of photocopied materials.**

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\*\*\*Include a divider and a complete citation on a divider page/citation page for each journal article submitted.

\*\*\*All unbound material must be submitted in pressboard folders or 3-ring binders. Each folder/binder needs to be labeled with the course name and number and a unique title.

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**# of COPIES or BOOK CALL NUMBER**

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