

COURSE RESERVE SHELF REQUEST

Today's Date _____

Instructor's Name _____

Course Name _____

Course Number _____

Date to take off reserve _____

Time allotment for checkout

1. Library use only _____
2. Overnight _____
3. Three days _____
4. One week _____

Titles of reserve items:

- 1.
- 2.
- 3.
- 4.

All items will be reshelfed or returned at the end of the semester.

