

# Course Reserve Request Form

<b>Please fill in ALL information</b>		
<b>Instructor's Name</b>	<b>Phone #</b>	<b>Building and Room #</b>
<b>Academic Department</b>	<b>Email Address</b>	
<b>Course Prefix, Number and Section(s)</b>	<b>Semester and Year</b>	
<b>Course Name</b>	<b>Loan Period (2 hour/2 day/other)</b>	

**All photocopied material MUST have proper citation.**  
 Please include all applicable information on the document:  
 author, title, journal name or publisher, date of journal  
 issue or publish date, volume number, and page numbers.

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<b>Received Date</b>				
<b>Completed Date</b>				
<b>Stats</b>				

	<b>Author</b>	<b>Title</b>	<b>Call Number/Remarks</b>	<b>FOR OFFICE USE ONLY</b>
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