

Metropolitan Community College
Faculty Course Reserve Form

Please complete this form when placing an item on reserve at a campus library for your students

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INSTRUCTOR & COURSE INFORMATION

Name: _____

Department: _____ Course: _____

Campus Mailing Address: _____

Telephone: _____ Email: _____

RESERVE MATERIAL

Date to go on Reserve: _____ Date to go off Reserve: _____

Loan period: In-Library use only (default) ___1 day ___3 day ___7 day ___ Other (specify) _____

Title: _____

Author: _____

Format: _____ Price: _____

Publisher/date/edition/version: _____

Personal copy (yes/no): _____ Library call number: _____

Number of copies: _____

LIBRARY STAFF ONLY

Received by: _____ Date: _____ Time: _____