**All Information Must be Provided**

**SEMESTER_______________ 20______**

DEPARTMENT_________________________ COURSE No. _______________ PO BOX_______ PHONE_____

INSTRUCTOR’S FULL NAME_________________________________ EMAIL_______________________

**PLEASE SELECT CHECKOUT PERIOD FOR RESERVE ITEMS:**

<table>
<thead>
<tr>
<th>2 HRS Not to Leave the Library</th>
<th>3 HRS NTLL</th>
<th>1 DAY</th>
<th>3 DAYS</th>
<th>7 DAYS</th>
<th>14 DAYS</th>
</tr>
</thead>
</table>

**Library Book/Personal Item Information**

1. **Full Title, including subtitle:**
   - Full Name of Author(s) or Editor(s):
   - Library Call Number (if applicable):

2. **Full Title, including subtitle:**
   - Full Name of Author(s) or Editor(s):
   - Library Call Number (if applicable):

3. **Full Title, including subtitle:**
   - Full Name of Author(s) or Editor(s):
   - Library Call Number (if applicable):

4. **Full Title, including subtitle:**
   - Full Name of Author(s) or Editor(s):
   - Library Call Number (if applicable):

**NOTE:** RESERVE REQUESTS ARE PROCESSED ON A FIRST COME/FIRST SERVE BASIS.

The Course Reserves manager must have at least 7-10 days to process your materials. Please note: processing time may be considerably longer the first four weeks of the semester.