Faculty Reserve Request Form

Please fill all information completely. Thank you.

Professor: _____

Phone: _____

Email: _____

Course Name: _____

Course No. _____

Semester: (circle one) Fall Spring Summer | Year: _____

New ___ Additions ___ Remove ___

Please Use following Codes for ITEM TYPE:

B = Book **S = Score**
R = Sound Recording **P = Personal Item**

Composer / Author	Title of Work	Call Number	Item Type

Course #__________________

Composer / Author	Title of Work	Call Number	Item Type