

## RESERVE SHELF MATERIALS REQUEST

Professor: \_\_\_\_\_

Course Title: \_\_\_\_\_

Phone #: \_\_\_\_\_

Course #: \_\_\_\_\_

Title	Item	Prof. Copy	Library Copy	Circulation Time				
				2-Hour Non-Circ	4-Hour Non-Circ	1 Day	2 Days	3 Days

Date Item(s) go ON Reserve: \_\_\_\_\_

Date Item(s) go OFF Reserve: \_\_\_\_\_

(Professor copies will be returned at this time)

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>OFFICE USE ONLY</b>	
Date of Request: _____	_____
Time of Request: _____	AM / PM
Request Taken By: _____	_____