

Traditional Reserves

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DEPARTMENT: _____

COURSE NAME: _____

COURSE NUMBER: _____

SEMESTER: _____ FALL _____ SPRING _____ SUMMER

Number of Students _____

BEGINNING DATE: ____/____/____

ENDING DATE: ____/____/____

Title _____	
Author _____	Publication Date _____
Publisher _____	Place of Publication _____

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Has item been placed on reserve before? _____ Yes _____ No

Copyright permission attached? _____ Yes _____ No _____ N/A

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Plan to use for subsequent semester? _____ Yes _____ No

Required reading for all students? _____ Yes _____ No

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