**Traditional Reserves**

**BOOK/AUDIO VISUAL SUBMISSION FORM**

**INSTRUCTOR:** ____________________________________________

**PHONE:** ____________________________

**ADDITIONAL INSTRUCTORS/COURSES USING SAME ITEM:**

**EMAIL:** ____________________________________________

**DEPARTMENT:** ____________________________

**COURSE NAME:** ____________________________________________

**COURSE NUMBER:** ____________________________

**SEMESTER:** _____ FALL _____ SPRING _____ SUMMER

**Number of Students** ____________________________

**BEGINNING DATE:** ____/____/____

**ENDING DATE:** ____/____/____

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<tr>
<th>Title:</th>
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**Loan Period:** _____ Library Use only  _____ Overnight Loan  _____ 3 Day Loan  _____ 7 Day Loan

**Has item been placed on reserve before?** ____Yes  ____No

**Copyright permission attached?**  ____Yes  ____No  ____N/A

*If class notes, syllabi or exam answers, copyright is not applicable.*

**Plan to use for subsequent semester?** ____Yes  ____No

**Required reading for all students?** ____Yes  ____No

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Date _____/____/____