Traditional Reserves

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SEMESTER: _____FALL _____SPRING _____SUMMER Number of Students _________________

BEGINNING DATE: ____/____/____ ENDING DATE: ____/____/____

Title___________________________________________________________

Author________________________________ Publication Date _________________

Publisher________________________________ Place of Publication_____________________

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Plan to use for subsequent semester? _____Yes _____No

Required reading for all students? _____Yes _____No

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