E-Reserves Request Form

Course Information

INSTRUCTOR: ____________________________

COURSE NUMBER: ______________________

COURSE NAME: _________________________

NUMBER OF STUDENTS: __________________

Password: ______________________________

Visibility Dates (START/END): __________ / __________ - __________ / __________

Material Information

Please list the titles of the articles/chapters as you would like them to appear:

__________________________________________________________________________

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- I have requested these materials be placed on reserve for the dates indicated, and that
- I have copyright clearance to make this material available, or that copyright clearance is not required.

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