

Electronic Reserve Submission form

Please use this form for your e-reserve submission. A separate form should be used for each course

Date Submitted: _____

Instructor's Name: _____

Department Name: _____

Instructor's Phone: _____

Instructor's Email: _____

Term to reserve: _____ Academic year Fall Spring Summer
(Please check the box before the semester)

Course Number: _____

Course Name: _____

Course Page Password: _____

(*Instructor is responsible for supplying students with password. *Password is required if material is copyright protected.)

Number of items submitted for this course: _____

Documents to display on Electronic reserve:

Title	Author	Pages
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Additional Information: