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:

<table>
<thead>
<tr>
<th>Title</th>
<th>Author</th>
<th>Pages</th>
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Additional Information: