DMACC Libraries Reserve

Course Information

Date Submitted: _________________ Semester/Year: _______________________

Course Number(s) (Ex: ENG 101): ______________________________________________

Instructor(s): _______________________________________________________________________

Campus Address: ________________________________ Campus Phone____________ ______

DMACC Email: ________________________________ # of Students Enrolled: ______________

Submission Type (select one):

_____New  ____ Add  _____ Delete  _____ Carry Over  (Last Sem./Yr. Used) _________

(If this is a Carry Over from the previous semester you can stop here. If you have new materials to add to or delete from your Carry Over list, or if this is a new request, please complete the form below.)

Material Information

Item 1  Choose one:  ____Book  ____Article  ____Chapter/Excerpt  ____DVD  ____Other

Title of item: ____________________________________________________________________________

Title of source (book/periodical/etc.): ___________________________________________________________________________________

Author of article/chapter: __________________________________________________________________________________________________

Author/Editor of book: __________________________________________________________________________________________________

Vol./Issue/Chapter #: _____________________________ Page Numbers: ___________________________

Pub Date / Edition: ____________________________ ISBN/ISSN: _________________________________

Book Publisher: __________________________________________________________________________________________________

Is this item:  ____ a personal copy  ____owned by DMACC libraries  ____purchase

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Loan Period (choose one):  2hour  Overnight  2day
Item 2
Choose one:  ____Book  ____Article  ____Chapter/Excerpt  ____DVD  ____Other

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Author of article/chapter:  ____________________________________________________

Author/Editor of book:  _________________________________________________________

Vol./Issue/Chapter #:  ____________________________  Page Numbers:  __________________

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Item 3
Choose one:  ____Book  ____Article  ____Chapter/Excerpt  ____DVD  ____Other

Title of item:  _______________________________________________________________

Title of source (book/periodical/etc.):  _________________________________________

Author of article/chapter:  ____________________________________________________

Author/Editor of book:  _________________________________________________________

Vol./Issue/Chapter #:  ____________________________  Page Numbers:  __________________

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