

University Library System Book Reserve List

Date: _____ Department: _____
 Instructor: _____ For Materials to be Held at _____
 E-Mail: _____ **Hillman Library** Course Name: _____
 Campus Address: _____ Number of Students: _____
 Campus Phone Number: _____ Materials to be used for the _____
 Date Received: _____ 2 Hours 3 Days 7 Days
 _____ Term

Please Allow A Minimum of One Month For Processing
****Maximum of 60 items****

Call Number	Author	Title	CHECK HOLDING	RECALL	DATE ORDER	RESERVE DATE

