COURSE BOOK INFORMATION REQUEST

CURRENT TERM:	DEPT/COURSE	SECTIONS:	LOCATION:	PROFESSOR:
EST. ENROLLMENT:	Continuation Class, Please Enter Yes/No			

AUTHOR	TITLE	EDITION	PUBLISHER/ISBN	Required Or Recommended

Comments?

Your prompt response will assist us in having your course books on our shelves when classes begin. Please return form by:

PLEASE NOTIFY US IMMEDIATELY IF ANY OF THIS INFORMATION CHANGES OR IF THE COURSE IS CANCELLED. ***Thank You.***

BOOKSTORE USE:		
Date Rec'd	Course Schedule	Researched
Adopted	Shelf Tag	Reconciled

Please provide us with the following information:

Faculty Signature:	Date:	Office Phone:	Home Phone:
Department Contact:		Department Phone:	