Course Reserve Information

Professor: _______________________________
Phone: ___________ Dept.: _________________
Email: __________________________________

Course Name: ____________________________
Course #:______________ Section #: ___________
(If applicable)

Semester (You may check more than one):
Fall__ Winter__ Spring__ Sum I__ Sum II__
Permanent reserve__

Type of Reserve (check all that apply):
   Physical: 2 Hour __ 1 Day__ 1 Week__
   Electronic (ERes) ___
   Special Instructions: ____________________________
   ____________________________

Date on: _____________  Date off: _____________