CECH Library Reserves

Date: _____

Instructor: _____
Course Name/Number: _____
Department: _____ Email: _____ Phone: _____

Period of Reserve (check one):

- ☐ This semester only
- ☐ This year only
- ☐ Other (please specify) _____

Borrowing Preference (check one):

- ☐ 2 hour loan (in-library use only)
- ☐ 24 hour loan
- ☐ 3 day loan

List Reserve Items Below:

# of copies	Title/Author	Library owned?	Instructor owned?