

HOPE COLLEGE LIBRARIES REQUEST FOR SERIALS SUBSCRIPTION

Name: _____ Department: _____ Date: _____

PART A (to be completed by requestor)Journal
title: _____Publisher: _____ Association membership required: Yes NoIn what courses does this periodical directly support student work through required research or reading? List course numbers here:

Approximately how many individual students were enrolled in these courses during the previous calendar year? _____

What student/faculty research does this periodical directly support? List names of faculty members here:

Is this title needed for use immediately after the publication of each issue (current awareness), or is this journal used most frequently after it is indexed? (check one) current use use after indexedPreferred Format: Electronic Paper Microform

Explain why you believe this journal is necessary for the Hope College Library (use reverse side if needed):

After completing **Part A**, please return to the Director of Libraries, who will forward copies of this request to your department chair, departmental library liaison, and the appropriate librarian.**PART B** (to be completed by library staff)

Frequency: _____ ISSN: _____ Date Received: _____

Where is this journal indexed? _____

Availability and price of a current subscription: Electronic \$ _____ Paper \$ _____ Microform \$ _____

Availability and price of a retention subscription: Electronic \$ _____ Paper \$ _____ Microform \$ _____

Is the microform available on a quarterly basis? Yes NoIs this journal also available on Document Delivery? Yes No If so, what volumes are available? _____

Approximate per article cost _____

Does the library already own this title? Yes No

If yes, please list the call number, holdings, and serials use statistics:

ILL requests: _____ Reviews _____

Librarian Evaluation:Rank _____ out of _____ titles requested. Subscription approval: Yes No

Account: Serials: _____ NEH: _____ Electronic Resources: _____ Microforms: _____ Gift: _____ 27