VAN WYLEN LIBRARY RESERVES REQUEST FORM

Complete a separate form for each course.

Materials remain on reserve for the semester, unless you request that they be removed sooner (kaminski@hope.edu).

Items will be located at the Reserve Desk of the library.

ΑI	low	up	to	three	days	to	process	the	reserve	materials.
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Date _	Instructor		Phone #							
Dept _										
Course	Name		Course #							
This ma	aterial is needed by	(date)	for academic term(semester/year)							
Choos	se one of the followin	g:								
	4 Hour Library Use On (Members of the faculty car		rial out of the library for 24 hours unless otherwise noted.)							
	24 Hour Check Out (Students and faculty can check this material out of the library for 24 hours.)									
	4 Day Check out (Students and faculty can check this material out of the library for 3 days.)									
<u>Materials Submitted</u> (Please list the titles and number of copies)										
	For special reserve requests please contact Carla Kaminski 395-7889 <u>kaminski@hope.edu</u>									
For staff	use:: Processed by	Date	Record#							