WORCESTER STATE UNIVERSITY

Reserve List Submission Form

Faculty Information

Name: _____
Department: _____ Campus Phone Extension: _____
Email Address: _____

Course Information

Course Name: _____
Course Number: _____

Semester on Reserve

Fall _____ Spring _____ Summer I _____ Summer II _____ Year 20_____

* Please Do Not Assign Readings until you have been notified that they have been placed on Reserve

Type (check one)			***Author***	***Title***	***Loan Period*** (check one)			***# of Copies***
Book	Photo	Media		As given to the students on syllabus	2 hour	24 hour	72 hour	1, 2, or 3
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Library Use Only: On Reserve as of ____/___/___ E-mailed faculty: ____/___/___