REQUIRED READING BOOK REQUEST

SEMESTER: □ Fall □ Spring □ Summer Year ______

Instructor __________________________________ Department _____________________________

Email __________________________________ Phone # ________________ Total # of Students ______

Course Title __________________________________________ Course Number _____________

ONLY REQUIRED BOOKS WILL BE PLACED ON RESERVE.

Author ___________________________________________________________________________

Title _____________________________________________________________________________

Publisher _____________________________________________ Date/Edition ___________________

PLEASE CHECK ONE BOX AND FILL IN INFORMATION:

□ Book Not Owned by QC (needs to be ordered) ISBN#  ___________________________________

Is the book available in the Queens College Bookstore?   Yes/SECTION# ____________ No

□ Book Not Owned by QC (attached is a personal copy to be placed on Reserve)

□ Book Owned by QC:  Call Number ____________________________________________________

(Delivering the book directly to the Reserve Processing Unit on the 2nd floor will expedite your request.)

PREFERRED LOAN PERIOD:   □ 2 Hours □ 3 Hours □ 1 Day □ 3 Days □ 7 Days

Room use only?  □ Yes □ No

Author ___________________________________________________________________________

Title _____________________________________________________________________________

Publisher _____________________________________________ Date/Edition ___________________

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Room use only?  □ Yes □ No

8Dec05