

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

Room use only? Yes No