

**COURSE RESERVE REQUEST FORM**

SUNY AT BUFFALO

Date Received \_\_\_\_\_

Instructor Name (Last, First) \_\_\_\_\_

Course Initials, Number and Section (ENG101-B) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Course Name \_\_\_\_\_

Department Name \_\_\_\_\_

Semester (Check One)  Fall  Spring  Summer  Winter Year \_\_\_\_\_

Department Address \_\_\_\_\_

Course Enrollment \_\_\_\_\_ Department Phone \_\_\_\_\_

Type of Material (Check One)	Author of Book, Journal Article, or Book Chapter	Title of Book, Journal Article, or Book Article	Call Number of Library Book Or Check "Personal Copy"	Source of Book Chapter or Journal Article (All Photocopies <u>Must</u> Have Citation)	Type of Reserve (Check One)	* For Library Use Only
<input type="checkbox"/> Book <input type="checkbox"/> Photocopy <input type="checkbox"/> Other, Specify: _____			<input type="checkbox"/> Personal Copy	Book/Journal Title _____ _____ _____ Volume _____ Year _____ Pages _____	<input type="checkbox"/> 2-hour/In Library <input type="checkbox"/> 2-hour/Overnight <input type="checkbox"/> Twenty-Four Hour <input type="checkbox"/> Three Day <input type="checkbox"/> Seven Day <input type="checkbox"/> Online	
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<input type="checkbox"/> Book <input type="checkbox"/> Photocopy <input type="checkbox"/> Other, Specify: _____			<input type="checkbox"/> Personal Copy	Book/Journal Title _____ _____ _____ Volume _____ Year _____ Pages _____	<input type="checkbox"/> 2-hour/In Library <input type="checkbox"/> 2-hour/Overnight <input type="checkbox"/> Twenty-Four Hour <input type="checkbox"/> Three Day <input type="checkbox"/> Seven Day <input type="checkbox"/> Online	
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\* KEY → O = In Process ON = On Reserve OFF = Taken Off Reserve OO = On Order R = Recalled from Circulation T = Being Traced