Taylor Library UNIVERSITY OF ARKANSAS AT MONTICELLO

COURSE RESERVE FORM

FACULTY INFORMATION									
NAME:				PHONE:					
DEPARTMENT:									
EMAIL ADDRESS: @ .									
SIGNATURE:						DA	TE:		
COURSE INFORMATION									
SEMESTER:	□ SPRING	□ SUMME	□ SUMMER II □ FALL						
COURSE TITLE:									
ITEM TYPE:	□ ВООК	□ ARTICLE	□ CD/DVD □ OTHER						
LOAN PERIOD:	□ 2 HOURS	□ 5 DAYS □			24 HOURS □ E-RESERVE				
EFFECTIVE DATE:	□ TODAY	□ DATE							
REMOVAL DATE:	☐ END OF SEMESTER				□ DATE				
BIBLIOGRAPHIC INFORMATION									
CALL NUMBER:									
BOOK/JOURNAL TITLE:									
BOOK AUTHOR:									
ARTICLE/CHAPTER TITLE:									
ARTICLE/CHAPTER AUTHOR:									
VOLUME:	ISSUE:	YEAR:		PA			GES:		
# COPIES:									
LIBRARY USE ONLY									
REC'D:									
DATE ADDED:		DATE CONTACTED:		VIA:	PHONE		EMAIL		
ITEM STATUS:	□ AVAILABLE	CHECKED OUT			ECALL OTHER				
LOCATION:	RESERVE SHELF			-RESERVE					
DATE RET'D:		RET'D VIA: ☐ CAMPUS MAIL ☐ PE			PERSON	RSONAL DELIVERY			
NOTES:									