Taylor Library

UNIVERSITY OF ARKANSAS AT MONTICELLO

COURSE RESERVE FORM

FACULTY INFORMATION

NAME: | PHONE:

DEPARTMENT:

EMAIL ADDRESS: @

SIGNATURE: | DATE:

COURSE INFORMATION

SEMESTER: ☐ SPRING ☐ SUMMER I ☐ SUMMER II ☐ FALL

COURSE TITLE:

ITEM TYPE: ☐ BOOK ☐ 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: | PAGES:

COPIES:

LIBRARY USE ONLY

REC'D:

DATE ADDED: | DATE CONTACTED: | VIA: PHONE EMAIL

ITEM STATUS: ☐ AVAILABLE ☐ CHECKED OUT ☐ RECALL ☐ OTHER

LOCATION: ☐ RESERVE SHELF ☐ E-RESERVE

DATE RET'D: | RET'D VIA: ☐ CAMPUS MAIL ☐ PERSONAL DELIVERY

NOTES:

October 2006