

# CIIS Course Reserves Cover Sheet

**Office use only**

Date rec'd:

by:  
(staff initials)

1. Print and complete this form
2. Bring or mail to the CIIS Library, along with any instructor copies to be used for your course.

## Course Information

Instructor Last Name, First Name: \_\_\_\_\_

Ext. or phone number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Course Number (ex: EXA5604-31): \_\_\_\_\_

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

Year: \_\_\_\_\_ check **one only**:      Fall term      Spring term      Summer term

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## Material Information

The CIIS Library owns this

Use my personal copy

I request that the CIIS Library purchase this

Item author: \_\_\_\_\_

Publication date: \_\_\_\_\_

Item title: \_\_\_\_\_

This is a(n):      book      video – DVD      video – VHS      audio – CD      audio – cassette

Notes: \_\_\_\_\_

Date put on reserve:

**Office use only**

Date pulled from reserve:

Date returned (if personal copy):  
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