REQUEST FOR RESERVE CIRCULATION

LIBRARY USE ONLY
CALL NUMBER
BARCODES(S)
DATE PLACED ON RESERVE
DATE TAKEN OFF RESERVE

FACULTY NAME:__

AUTHOR(S) OR EDITOR (LAST NAME, FIRST NAME, INITIAL)

_____

COMPLETE TITLE:_

COURSE NUMBER:_

COURSE TITLE:___

CHECK ONE OF THE FOLLOWING:
( ) FALL ( ) SPRING ( ) SUMMER ( ) PERM Year____

CHECK ONE OF THE FOLLOWING:
( ) 1 HOUR ( ) 2 HOURS ( ) 4 HOURS
( ) 1 DAY ( ) 2 DAYS ( ) 4 DAYS

THIS ITEM DOES LEAVE ORU LIBRARY YES ____ NO ____