DMACC Libraries Reserve

Course Information

Date Submitted	Semester/Year:
Course Number(s) (Ex: ENG 101):	
Instructor(s):	
Campus Address:	
DMACC Email:	# of Students Enrolled:
Submission Type (select one):	
NewAddDeleteCarry C	Over (Last Sem./Yr. Used)
(If this is a Carry Over from the previous semester you ca delete from your Carry Over list, or if this is a new reques	st, please complete the form below.)
Material Information	
Item 1 Choose one:BookArticle	Chapter/ExcerptDVDOther
Title of item:	
Title of source (book/periodical/etc.):	
Author of article/chapter:	
Author/Editor of book:	
Vol./Issue/Chapter #:	Page Numbers:
Pub Date / Edition: ISBN	I/ISSN:
Book Publisher:	
Is this item: a personal copyowned l	by DMACC librariesonline
Please provide Library call number, library database name appropriate:	
For hard copy books, videos, cds, etc.: Number of copies to be place on reserve (1 per 20 student Loan Period (choose one):	s recommended):2day

Item 2	Choose one:	Book	Article	Chapter/Excerpt	DVD	Other	
Title of ite	m:						
Author of a	article/chapter:						
Author/Ed	itor of book:						
Vol./Issue/	./Issue/Chapter #: Page Numbers:						
Pub Date /	b Date / Edition: ISBN/ISSN:						
Book Publ	isher:						
Is this item	n:a perso	nal copy	owned	by DMACC libraries	on	line	
-	-		•	e, or website address (UR			
Item 3	Choose one:	Book	Article	Chapter/Excerpt	DVD	Other	
Author/Ed	itor of book:						
Vol./Issue/	/Chapter #:		Page Numbers:				
Pub Date /	Edition:		ISBN/ISSN:				
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