

Date Received _____

Date Submitted _____

Completed by _____

Book Request Form

*Please select and complete all areas of the form for which you will be placing your order. *

Faculty Full Name: _____

Select Semester: Summer _____ Fall _____ Winter _____ Spring _____, Term Yr. (eg: 2017) _____

Last Semester(s) Book Order (areas in red must be completed) Spring _____ or Fall _____

“New” Book Order (The full order form must be completed) _____

Order Form #1:

Book Information Needed:

Course #: _____ **Section #:** _____

Author(s): _____

Publisher(s): _____

Book Title: _____

Edition Number: _____

Version Edition Number: _____

ISBN 13#'s (very important): _____

Required: ___ Recommended: ___

Desk Copy: YES ___ NO ___

Order Form #2

Book Information Needed:

Course #: _____ **Section #:** _____

Author(s): _____

Publisher(s): _____

Book Title: _____

Edition Number: _____

Version Edition Number: _____

ISBN 13#'s (very important): _____

Required: ___ Recommended: ___

Desk Copy: YES ___ NO ___