

RESERVE LIST

PLEASE FILL OUT COMPLETELY

Instructor(s): _____

Date: _____

Department: _____

Course Title: _____

Email: _____

Course #: _____

Phone: _____

Semester(s): _____

3 COPY LIMIT PER ITEM

PLEASE ALLOW 2 BUSINESS DAYS TO PROCESS

	Title	Author	Personal Copy? (y/n)	ERes Option? (y/n)	SMC Call Number	# of Copies	Loan Period <small>*see below</small>
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*** LOAN PERIOD OPTIONS - Hourly Reserve Late Fees Apply**

PRINT MATERIAL ONLY

- A. 1 week
- B. 3 days
- C. 24 hours

- D. 4 hours - Overnight OK
- E. 4 hours - No overnight allowed
- F. 2 hours - No overnight allowed

AUDIO/VIDEO MATERIAL ONLY

- G. 24 hours

- H. 4 hours - In library use only
- I. 2 hours - In library use only