COURSE RESERVES

_____ _____ _____ _____

LAST *FIRST* *PHONE* *EMAIL*

_____ _____ _____ ☐ Distance learning course

COURSE # *COURSE NAME* *DEPT/DIVISION*

Please list any other courses for which you will be using these items: _____

NOTE: If circulation of this material is to be restricted to the students in your classes, you must provide a current class list.

Fill in only the columns **marked by an asterisk**, and bring the form to the SCCC library circulation counter. For Checkout period, select from the following:
1 hour, 2 hours, 3 hours, 4 hours, 1 day, 3 days, 1 week

* Checkout period	* Library use only (yes or no)	* Title	* Copy No.	* Date on reserve:	* Date off reserve:	Call number/ Status	Barcode

Last updated on 4/7/2003