

# Request to Place Periodicals on Electronic Reserve

Date: \_\_\_\_\_

Faculty Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Department: \_\_\_\_\_

Course Prefix & Number: \_\_\_\_\_ CRN: \_\_\_\_\_

Course Title: \_\_\_\_\_

Periodical Title: \_\_\_\_\_

Article Title: \_\_\_\_\_

Article Author: \_\_\_\_\_

Volume Number: \_\_\_\_\_ Issue Number: \_\_\_\_\_

Term: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

Faculty Signature \_\_\_\_\_

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**For Office Use Only**

Begin Date: \_\_\_\_\_

Date Removed: \_\_\_\_\_

End Date: \_\_\_\_\_

Initials: \_\_\_\_\_