**Scarborough Library**

**Course Reserve Form**

|  |  |
| --- | --- |
| Instructor’s Last Name |  |
| Instructor’s First Name |  |
| Department |  |
| Course Number |  |
| Course Name |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title of Reserve Material** | **Author, Director, or creator** | **Format** | **Loan Period** | **Date of Course Reserve Removal** |
|  |  | **Book**  **CD**  **DVD**  **Notebook** | **2 hours**  **4 Hours**  **3 Days**  **7 Days** |  |
|  |  | **Book**  **CD**  **DVD**  **Notebook** | **2 hours**  **4 Hours**  **3 Days**  **7 Days** |  |
|  |  | **Book**  **CD**  **DVD**  **Notebook** | **2 hours**  **4 Hours**  **3 Days**  **7 Days** |  |

\_\_\_\_\_\_\_\_ I WILL PICK UP MY RESERVES

\_\_\_\_\_\_\_\_ RETURN MY RESERVES THROUGH CAMPUS MAIL

If neither option is checked, reserves will be returned through campus mail

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| Signature (or typed name) | Date |