Intake #_____

Reserve Material Form

Instructor (Print Name	e):					Sem	ester(s) o	n Reserve:
Department and Course #:				Type of reserve:		(Please check all that apply)		
				Electronic		Summer 2013		3
Email Address: Telephone #:				☐ 2 hours		☐ Fall 2013		
Are you aware of students with reading or visual impairments				☐ 24 hours		☐ Fall Interim		
in this class? □ Yes □ No				☐ 3 days		Spring 2014		
Signature*:				☐ 7 days		□ s	pring Interir	n
*Signature indicates compliance with copyright rules.				☐ 14 days	Mater	rial will be re	emoved from	
Copyright restrictions may apply to photocopied materials.								the last semester
		e included on the first pagooks: Cite author/editor,				check date.	kea.	
		eriodicals: Cite title of ar			cal, volume, issue and	date.		•
Call Number (If Library-owned.)	litte				Date Needed by	Was this on reserve previously?		Staff use only
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Staff Use Only							I.	
Received by:		Posted:			Removed:			Total # of items
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Date Tim	ne Init.	Date	Time	Init.	Date	Time	Init	

http://www.uwosh.edu/library/pdf/reserveform.pdf

Call Number (If Library-owned.)	Title	Date Needed by	Was this on reserve previously?	Staff use only
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