

**Cedarville University
Centennial Library
Reserve Request Form – PAPER/ELECTRONIC**

TODAY'S DATE: _____

COURSE PROFESSOR(S): _____

COURSE NAME: _____

COURSE NUMBER: _____

NUMBER OF STUDENTS IN COURSE: _____

Item(s) should be on reserve for:

FALL SEMESTER SPRING SEMESTER SUMMER

Reserve materials are processed in the order in which they are received.
Every effort will be made to have all materials available within a week.

Materials can be taken off reserve: ___/___/___ or ___ End of Semester

This material is: ___ Required ___ Recommended/Optional

*****Optional readings are seldom used.**

___ **Paper Reserve:** 3 Day 1 Day Strict

___ **Electronic Reserve**

Please check one of the statements below:

___ This is the **FIRST** time I have placed this material on reserve.

___ This is **NOT** the first time I have placed this item on reserve. Please seek copyright permission on my behalf.

LIBRARY USE ONLY

Received by: _____

Date received: _____

Date completed: _____