COURSE RESERVES FORM

Pollak Library
PLS - 154
714-278-2720
libraryreserves@fullerton.edu

Instructor ___________________________  Department ___________________________  Office Ext. ________

Course Title: __________________________

Section Code: __________________________

Meeting Days/Hours: ____________________

Semester:  □ Fall  □ Spring  □ Summer  □ Winter

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Instructor’s Signature: ___________________________  Date: ___________________________

LOAN PERIOD
(Option for all)

□ 2 Hours  □ 1 Day  □ 2 Days  □ 7 Days

Special Instruction

□ E-Reserves  □ Distance Learning  □ No Overnight  □ No Copying

Title (as you wish for it to appear to your students)

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Author

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