Carnegie Mellon
UNIVERSITY LIBRARIES

Instructor:_____

E-Mail :_____

Campus Address :_____

Campus Phone Number :_____

Book Reserve Requests

Materials to be used for the

_____ Term

Course Number:_____

Course Name:_____

Number of Students :_____

Date Received :_____

Please Allow a Minimum of One Month for Processing

- **Library-Owned Material**: One copy will be designated for in-library use only. Additional copies will circulate overnight
- **Orders for Reserve**: One copy will be ordered. **We do not order required textbooks**.
- **Faculty-Owned Materials**: Personal Copies placed on reserve will be shelved at the reserve desk and be designated for in-library use only.

				Reserve Processing Comments			
Call Number	Author	Title		HOLDINGS CHECK	RECALL DATE	ORDER DATE	DATE ON RESERVE

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Call Number	Author	Title		HOLDINGS CHECK	RECALL DATE	ORDER DATE	DATE ON RESERVE