



Learning Commons Course Reserve Form Metropolitan Campus

Instructor's Name: _____ Daytime Phone: _____ Email Address: _____

(If other than Tri-c)

Semester: Fall ___ Spring ___ Summer ___ Entire Semester ___ Campus Location _____ Staff Initials _____ Date: _____

***Please leave material(s) that is/are being placed on reserve and this completed form with the circulation staff on the 3rd floor of the library
Please note that barcodes, security tags, and identifying stickers will be placed on the material(s)**

Course	Title of Item	Edition	Loan Period					Date Removed From Reserve	Format					Office Use Only	
			2 hours	1 day	2 days	3 days	7 days		Book	CD	DVD	Journa	Other		
															Barcode: _____
															Record number: _____
															Barcode: _____
															Record number: _____
															Barcode: _____
															Record number: _____
															Barcode: _____
															Record number: _____

Special Note: All reserve materials will be returned to instructors or departments at the end of the academic semester.