

RESERVE SUBMISSION FORM

<https://www2.stetson.edu/library/reserves>

Date: _____

Professor: _____

Course Number and Section: _____

Semester: _____

Course Title: _____

FACULTY MEMBERS ARE RESPONSIBLE FOR ADHERING TO COPYRIGHT LAW

I hereby acknowledge that I am abiding by all pertinent copyright laws and regulations for course reserve materials.

Signature: _____

The Library cannot process reserve materials without the professor's signature.

CALL NUMBER <i>(IF ITEM HAS BEEN ORDERED, WRITE ON ORDER)</i>	AUTHOR OR EDITOR	TITLE <i>(DESCRIBE ITEM AS IT WOULD APPEAR IN YOUR SYLLABUS, INCLUDING PUBLISHER, PUBLICATION YEAR, EDITION, ETC.)</i>	LOAN PERIOD <i>(SELECT ONE)</i>	COPIES PER ITEM <i>(LIMIT 3)</i>	DATES ADDED/REMOVED <i>(LIBRARY USE ONLY)</i>
			TWO HOURS 24 HOURS		
			TWO HOURS 24 HOURS		
			TWO HOURS 24 HOURS		
			TWO HOURS 24 HOURS		
			TWO HOURS 24 HOURS		

