



WENTWORTH
Institute of Technology

Alumni Library

Reserve Request Form

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Faculty Information:

Date Submitted: _____ Processed by: (Staff Member) _____

First Name: _____ Last Name: _____

Department: _____ Phone / Ext: _____

FULL TIME _____ ADJUNCT _____ STAFF _____ VISITING _____

Course Information:

SEMESTER: Fall _____ Spring _____ Summer _____ Year: _____

COURSE NAME: _____

COURSE NUMBER: _____ SECTION NUMBER: _____ #STUDENTS: _____

Reserve Materials:

OWNED BY [CHECK ONE] Library: _____ Instructor: _____ Department: _____

1) Call Number : _____ Date Published: _____

Title: _____

Author / Editor: _____

OWNED BY [CHECK ONE] Library: _____ Instructor: _____ Department: _____

2) Call Number : _____ Date Published: _____

Title: _____

Author / Editor: _____

Alumni Library Reserve Request Form *(Continued.)*

OWNED BY [*CHECK ONE*] Library: _____ Instructor: _____ Department: _____

3) Call Number: _____ Date Published: _____

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Author / Editor: _____

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4) Call Number: _____ Date Published: _____

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