

COLLEGE OF WOOSTER LIBRARIES RESERVES LIST

DEPARTMENT	COURSE NO.	TITLE OF COURSE	INSTRUCTOR

Please check all that apply:

REQUEST TYPE: _____

RESERVE TYPE: _____

RESERVE DURATION: _____

Before the semester begins, please allow _____ between the date submitted and the date needed placed on reserve.

During the semester, please allow four working days between the date submitted and the date needed placed on reserve.

To submit this form electronically, email it as an attachment to: library-reserves@wooster.edu. For questions, please call Michael Buttrey at ext. 2137.

To expedite processing, please submit print items with this list.

Please list as items will be cited on your

