MAGILL RESERVE REQUEST OTHER

Date Received: _____ *Date Completed:* _____

Instructor: _____ Course: _____

Phone/Email: _____ Semester: _____ Year: _____

Reserve Type: Library Owned: _____ Personal Copy*: _____

Overnight: _____ No Overnight: _____

* Please note that personal copies must be processed with a target and barcode, both of which are difficult to remove.

CALL NUMBER	AUTHOR	TITLE	WEEK NEEDED

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