

MAGILL RESERVES REQUEST

Date\_\_\_\_\_ Instructor\_\_\_\_\_

Department\_\_\_\_\_ Course Number\_\_\_\_\_

Course Name\_\_\_\_\_

**Electronic Reserve**\_\_\_\_\_

Day/Week Reading is Due\_\_\_\_\_

**Print Reserve**\_\_\_\_\_

Entire Semester\_\_\_\_\_ or From\_\_\_\_\_ To\_\_\_\_\_

**If Print/Video/DVD, etc.** Overnight\_\_\_\_\_ No Overnight\_\_\_\_\_

Notes: