

Taylor Library
 UNIVERSITY OF ARKANSAS AT MONTICELLO
COURSE RESERVE FORM

FACULTY INFORMATION			
NAME:	PHONE:		
DEPARTMENT:			
EMAIL ADDRESS: _____ @ _____ . _____			
SIGNATURE: _____			DATE: _____
COURSE INFORMATION			
SEMESTER: <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER I <input type="checkbox"/> SUMMER II <input type="checkbox"/> FALL			
COURSE TITLE:			
ITEM TYPE: <input type="checkbox"/> BOOK <input type="checkbox"/> ARTICLE <input type="checkbox"/> CD/DVD <input type="checkbox"/> OTHER _____			
LOAN PERIOD: <input type="checkbox"/> 2 HOURS <input type="checkbox"/> 5 DAYS <input type="checkbox"/> 24 HOURS <input type="checkbox"/> E-RESERVE			
EFFECTIVE DATE: <input type="checkbox"/> TODAY <input type="checkbox"/> DATE _____			
REMOVAL DATE: <input type="checkbox"/> END OF SEMESTER <input type="checkbox"/> DATE _____			
BIBLIOGRAPHIC INFORMATION			
CALL NUMBER:			
BOOK/JOURNAL TITLE:			
BOOK AUTHOR:			
ARTICLE/CHAPTER TITLE:			
ARTICLE/CHAPTER AUTHOR:			
VOLUME:	ISSUE:	YEAR:	PAGES:
# COPIES:			
LIBRARY USE ONLY			
REC'D:			
DATE ADDED:	DATE CONTACTED:	VIA:	PHONE EMAIL
ITEM STATUS: <input type="checkbox"/> AVAILABLE <input type="checkbox"/> CHECKED OUT <input type="checkbox"/> RECALL <input type="checkbox"/> OTHER			
LOCATION: <input type="checkbox"/> RESERVE SHELF <input type="checkbox"/> E-RESERVE			
DATE RET'D:	RET'D VIA: <input type="checkbox"/> CAMPUS MAIL <input type="checkbox"/> PERSONAL DELIVERY		
NOTES:			