Mt. San Antonio College Library

RESERVES FORM  

Date ____________

48 hours processing time is required before Reserve material is available to students

Faculty contact name: ___________________________________________  ID#: _________________________

Email: ___________________________________________________ Phone: ____________________________

Please list all faculty who will be using this title: 1) ____________________________________________

2) ___________________________________________ 3) _________________________________________________

Course Name / Number(s): _____________________________________  # of sections: ______  Class size: ______

Course Name / Number(s): _____________________________________  # of sections: ______  Class size: ______

Title(s): 1) ___________________________________________________  # of copies __________

2) ___________________________________________________  # of copies __________

3) ___________________________________________________  # of copies __________

(For Library Use Only)

Date received ___________________________  Date processed ___________________________

Rev. Aug. 2011