

Reserve Services Course LIST Form – University Libraries

Instructor: _____ Course & Course # (e.g., SOC 20000): _____ Date Submitted: _____

| OFFICE USE ONLY STATUS (check box and write appropriate numbers) | A C T I V E | MATERIAL TYPE (check appropriate box) | TITLE | AUTHOR (Last, First) | 2 H R | 3 H R | 1 D A Y | 3 D A Y S | 7 D A Y S |
|---|--|--|--------------|--------------------------------|-------------|-------------|------------------|-----------------------|-----------------------|
| <input type="checkbox"/> HOLD <input type="checkbox"/> MISSING <input type="checkbox"/> RECALL <input type="checkbox"/> ORDER Due _____ 31850 _____ .b _____ Regional Library _____ Notified Faculty on _____ Date Inactivated _____ | <input type="checkbox"/> Kent State Book <input type="checkbox"/> Per Cop <input type="checkbox"/> DVD <input type="checkbox"/> Video | CALL NUMBER _____ _____ _____ _____ | | | | | | | |
| <input type="checkbox"/> HOLD <input type="checkbox"/> MISSING <input type="checkbox"/> RECALL <input type="checkbox"/> ORDER Due _____ 31850 _____ .b _____ Regional Library _____ Notified Faculty on _____ Date Inactivated _____ | <input type="checkbox"/> Kent State Book <input type="checkbox"/> Per Cop <input type="checkbox"/> DVD <input type="checkbox"/> Video | CALL NUMBER _____ _____ _____ _____ | | | | | | | |
| <input type="checkbox"/> HOLD <input type="checkbox"/> MISSING <input type="checkbox"/> RECALL <input type="checkbox"/> ORDER Due _____ 31850 _____ .b _____ Regional Library _____ Notified Faculty on _____ Date Inactivated _____ | <input type="checkbox"/> Kent State Book <input type="checkbox"/> Per Cop <input type="checkbox"/> DVD <input type="checkbox"/> Video | CALL NUMBER _____ _____ _____ _____ | | | | | | | |
| <input type="checkbox"/> HOLD <input type="checkbox"/> MISSING <input type="checkbox"/> RECALL <input type="checkbox"/> ORDER Due _____ 31850 _____ .b _____ Regional Library _____ Notified Faculty on _____ Date Inactivated _____ | <input type="checkbox"/> Kent State Book <input type="checkbox"/> Per Cop <input type="checkbox"/> DVD <input type="checkbox"/> Video | CALL NUMBER _____ _____ _____ _____ | | | | | | | |