

Date/Time Received _____

received by _____

Course Reserve Request Form C.S.U.N. Oviatt Library

Submit Course Reserve requests on this form or at http://library.csun.edu/Library_Services/Reserves/resreq.html. Give names of authors, titles and call numbers as listed in the Library's catalog. If requesting for purchase, add the ISBN under the 'Call Number' field. Use a separate sheet for each course. Items are processed strictly in order of receipt. To allow for timely processing, please submit items at least five working days before they are needed for class.

Course name _____

Dept. mail code _____

Course number _____

Campus phone _____

Instructor's name _____

Home phone _____

Dept. _____

Email _____

Course Reserves Agreement

I have read, understand, and will follow the [Oviatt Library's reserve policy](#) and [copyright guidelines](#). I assume responsibility for the copyright compliance of all reproduced materials placed on reserve on my behalf.

Signature _____

Reserve Type (Check One):

Paper Reserve Only (Item to be put on library shelf)

Paper and Electronic Reserve (Item to be put on library shelf and on the Web)

**BARCODE ADDED
UPON SUBMISSION**

Your course password is the last four digits of the barcode to the right.

Please keep a record of it and provide it to your students. It is required to access your electronic items.

Paper Reserve Loan Period (Check One):

1 Hour Library Use Only

2 Hours & Overnight (All but last copy can be checked out overnight)

1 Day (Non-renewable)

2 Hours Library Use Only (Most common use. Required for periodicals)

3 Hours Library Use Only (Suggested for Videos)

2 Days (Non-renewable)

7 Days (Non-renewable)

Reserve for:

Fall Semester, (year:) _____

Summer Session I, (year:) _____

Spring Semester, (year:) _____

Summer Session II, (year:) _____

Winter Session, (year:) _____

Summer Session III, (year:) _____

Or...

Take off reserve at the end of (semester, year:) _____

Take off reserve after this date: _____

Continued on next page

Course Reserve Request Form (Continued)

Reserve Items List

PLEASE LIST ONLY ONE TITLE PER ROW

	CALL NUMBER (leave blank if personal copy)	AUTHOR	TITLE	(LEAVE BLANK)
1.				
2.				
3.				
4.				
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11.				
12.				