

Reserve Request for Library-Owned Material

Send the completed form to reserves@stmu.ca or print it and submit it at the Front Desk in the Library.

Instructor Name: _____

Phone: _____ **Email:** _____

Course Name & Number: _____ **Term:** Fall Winter Spring

Items on Reserve are limited to 25 items per course (Library-Owned & Personal Copies combined).

TITLE	CALL NUMBER / LIBRARY CODE	BORROWING TIME		
		2 hrs	1 day	3 days
1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: You will not be able to save any entered data in this PDF form! To save the filled in form before closing this file, either print a hard copy or print this form to PDF by using print options. If you require PDF print capability please download and install the free *PDFcreator* from <<http://sourceforge.net/projects/pdfcreator/>> or download *Adobe Reader* from <<https://get.adobe.com/reader/>>.