

## Reserve Request for Personal Copy Material

Send the completed form to [reserves@stmu.ca](mailto: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	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"/>

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