BECKER COLLEGE LIBRARIES
Course Reserve Request Form

Please check one: Book □ DVD □ Periodical □ Other □

Faculty Name: __________________________ Date: __________________________

Email: __________________________

Class Name/Number: __________________________

Reserve time period: □ Fall Semester □ Spring Semester □ Academic Year

Reserve Material Information

Title: __________________________

Author and/or Publisher: __________________________

ISBN: __________________________

Publication Date: __________________________

Please add any additional comments or information that will be helpful:

Removal of Reserves

Unless notified otherwise by faculty, materials will be removed from the Course Reserves at the end of each semester. Personal copies will be returned to campus addresses or arrangements may be made for materials to be picked up. Library materials will be returned to the open stacks.