

Course Packet Reserve Form

University Libraries New School University

Please complete the form below in its entirety. When completed, bring it along with your course packet(s) and a copy of your syllabus to the library at which you wish to make it available to your students.

Professor's Name _____

Telephone Number _____

Email Address _____

Division/Department _____

Course Name _____

Course Number _____

Semester Fall Spring Summer Year _____

Library Fogelman Library Gimbel Library Scherman Library

Please circle:

of Parts (unique binders) 1 2 3 4

X

of Copies (duplicates) 1 2

= Total # of Binders _____

Please note that all course packets will be removed from reserves at the end of every semester. You may pick them up after the last day of finals. If they are not picked up after 3 weeks, we will return it to your department for you.

For Library Use Only:

Date Received _____ Notes:

Date Completed _____

Date Returned _____