SUNY Cortland Memorial Library
Phone: 753-2526/2527 | Email: deskc@cortland.edu

Reserve List

ATTENTION FACULTY MEMBER: PLEASE FILL IN ALL INFORMATION ON THIS FORM

Instructor:	Department:
Course Number/section(s):	Course Name:
Instructor's On-campus Mailing Address (Dept./Bldg):	

√ Semester and Year: ___ Fall _____ ___Spring _____ ___Summer _____

√ check one (cannot be both): ____ Print/hard copy/media Reserve **OR** ____ Electronic Reserve

√ Loan Period (Print/hard copy/media Reserve only): ___ 2 Hour ___ 2 Day

Total # of students: _____

Material should be *REQUIRED* readings for 5 or more students.

All photocopied material MUST have proper citation information included: author, title, publisher or journal name, publish date or date of journal issue, volume number (if applicable), and page numbers.

All material will be removed at the end of each semester; personal materials will be returned to you via campus mail at that time.

PLEASE ALLOW TWO WEEKS FOR PROCESSING AT THE BEGINNING OF THE SEMESTER

Call Number	Author	Title	Remarks