



**MACPHÁIDÍN LIBRARY
RESERVE LIST FORM**

Date received: ____ / ____ / ____ Time received: ____ : ____ **am / pm**

Professor: _____

Phone: _____ Email: _____

Course #: _____ Course Name: _____

~ PLEASE PROVIDE A CURRENT COPY OF THIS CLASS SYLLABUS ~

Date to be removed from reserve:

- End of semester
- Other: ____ / ____ / ____

Reserve Format:

- Print Reserves* Loan Period: (please circle) 2 hr / 24 hr / 3 Day
3 hr (films)

Electronic Reserves* Password: _____

*(See Circulation Staff for more info.)

Do you have a TA affiliated with this class? If yes, please specify below. Also, which functions do you give your TA permission to exercise on your behalf? Please check all that apply.

Name: _____

- Make photocopies using Faculty Copy Card
- Check out library materials in your name

Please list below any library materials that you still need. We will bring them downstairs for you.
(If you have not done so already.)

Call #:	Author:	Title:

Please use back of sheet if necessary.