LIBRARY RESERVES REQUEST FORM **BIOLA UNIVERSITY LIBRARY**

SCHOOL_____ PROFESSOR'S LAST NAME:_____

DEPT. TO RETURN RESERVES TO:_____ COURSE TITLE/NUMBER:_____

COURSE IS: GRAD_____UG_____ SEMESTER & YEAR:_____

***Reserves Codes:** **NL =** 2-hour in-library use only; no overnight checkouts

2 HR = 2-hour may leave the library; overnight 2 hours before the library closes; due 2 hours after library opens

****If E-Reserves are requested, total submitted not to exceed 2 copies per title.**

Items may only be placed on Reserve for a maximum of one Semester/Session. Please check before submitting: Have these been submitted before? If so, have you obtained the proper copyright clearance?

Call Number	Author	Title (including date, edition, volume / for E-Reserve links, please provide URL and/or Database info.)	Reserve Code	# Copies	E-Reserves (Yes / No)	Date removed