

COURSE RESERVE FORM

Last Name:	First Name:
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Department:	Chapman ID #	Extension:
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Email:	Faculty Status:
@chapman.edu	<input type="checkbox"/> Full Time <input type="checkbox"/> Lecturer

Course Information

Semester/Term <small>(Accepting Current Semester/Term Only)</small>	<input type="checkbox"/> Fall	<input type="checkbox"/> Inter-Term
	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer I, II, III

Course Number <small>(e.g. ENG 204)</small>
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Course Title <small>(e.g. Creative Writing)</small>

Processing Information – For Staff Use Only

Course Password for Electronic Reserves
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Allow at least 72 hours for processing. Reserves processed in order received.

Item Title <small>(Personal items will have titles entered exactly as written)</small>	Circle a check-out time <small>(Note: HRI signifies In Library Use Only/No overnight CKO)</small>	Call Number <small>(All items will have a Call Number assigned by staff)</small>	Date/Time Received	Staff Initials	Date/Time Processed	Staff Initials
	1HRI 2HR 2HRI 6HR 24HR 3DAY 7DAY					
	1HRI 2HR 2HRI 6HR 24HR 3DAY 7DAY					
	1HRI 2HR 2HRI 6HR 24HR 3DAY 7DAY					
	1HRI 2HR 2HRI 6HR 24HR 3DAY 7DAY					
	1HRI 2HR 2HRI 6HR 24HR 3DAY 7DAY					
	1HRI 2HR 2HRI 6HR 24HR 3DAY 7DAY					
	1HRI 2HR 2HRI 6HR 24HR 3DAY 7DAY					
	1HRI 2HR 2HRI 6HR 24HR 3DAY 7DAY					