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Instructor: Last: __________________________
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Course Number (s) ________________________

Office Phone _______________________________

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Loan Period: (choose only one)

2 Hour ________  2 Hour / Overnight ________
1 Day _______  3 Days ________  1 Week ________

Semester (s) needed: Academic Year ________

Fall _____ Spring _____ Sum1 _____ Sum2____

OR  Permanent Reserve ________

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*If there are additional titles for the same course, please print the title and author on the back of this form.*