RESERVE REQUEST FORM Boston University Educational Resources Library		Add:	Delete: _		Modify:	
Please print legibly	,	Loan Peri	od: (choose onl	y one)		
Instructor: Last: First: Course Number (s) Office Phone		2 Hour 2 Hour / Overnight				
		•		1 Week		
						Fall
		Email		OR Per	manent Reserve	
Author	Title		Number of Copies	Call # (persona	please note if copy)	
RESERVE REQUEST FORM Boston University Educational Resources Library Please print legibly					Modify:	
		Loan Period: (choose only one)				
Instructor: Last:		2 Hour 2 Hour / Overnight				
First:		1 Day 3 Days 1 Week				
Course Number (s)		Semester (s) needed: Academic Year				
Office Phone		Fall	_ Spring	Sum1	Sum2	
Email		OR Per	manent Reserve		_	
Author	Title		Num of Co		ıll # (if applicable)	
	1		1			

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