SUNY Poly Library – Course Reserve Request Form

Today’s date: ____________________________

Instructor name: ____________________________

Department & course number: ____________________________

Course name: ____________________________

For which semester do you want these materials accessible to students?
Fall _____  Spring _____  Summer _____

Desired loan period: 2 Hours _____  Other ______

1. Title: ____________________________
   Author: ____________________________

2. Title: ____________________________
   Author: ____________________________

3. Title: ____________________________
   Author: ____________________________

4. Title: ____________________________
   Author: ____________________________

Please email a scanned copy of this form to library@sunypoly.edu

Please allow 3 days for processing.

**For Office Use Only

Received by: ____________________________

Processed by: ____________________________

Date: ____________________________