



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 to be 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: _____