

**Reserve Request Form
Rutgers University Libraries**

Today's Date _____

Instructor's Name _____ Phone Number _____

Campus Address _____ E-mail Address _____

Course Title _____ Course Number _____

Department _____ Enrollment _____

Place Materials on Reserve for the following semester: Fall Spring Summer Other: _____

**** Please prioritize your requests by weeks of the semester, it will help us manage workflow and ensure materials are available when students need them. If applicable, give us the actual date of the reading assignment. Thanks. ****

Week Needed	Call No.	AUTHOR Last name first	TITLE book title, publisher, date, edition Journal title, vol, issue, date, pgs	STATUS (Library Use Only)				
				#cpy	RCL	RRS	ORD	LOC

R/S: Required or Supplemental RRS: Borrowed from another RU library ORD: Ordered
 #cpy: Number of copies on Reserve RCL: Recalled LOC: RUL Locations
 (resreqform)