

FUNK ACES Library
Book/Personal Copy Reserve Form

Reserve List Semester _____

Year _____

COURSE #:

INSTRUCTOR NAME:

OFFICE ADDRESS:

PHONE NUMBER:

EMAIL:

DATE:

For each item please include:

TITLE:

AUTHOR:

EDITION:

CALL NUMBER (IF KNOWN)

NUMBER OF COPIES

If the item is a personal copy, please include on
the piece:

COURSE NUMBER

INSTRUCTOR NAME

PHONE NUMBER OR EMAIL ADDRESS