

# MEDICAL RESEARCH LIBRARY OF BROOKLYN

*For library Use Only*

<http://library.downstate.edu>

## Special Reserve Request Form

Date Received \_\_\_\_\_

Fill out this form and return it to the Access Services Desk.

Instructor's Name \_\_\_\_\_

SUNY ID# \_\_\_\_\_

Department: \_\_\_\_\_

Telephone: \_\_\_\_\_

Copyright Clearance: \_\_\_\_\_

Course Title: \_\_\_\_\_

Course Number: \_\_\_\_\_

Reserve Dates: \_\_\_\_\_ To \_\_\_\_\_

What should the library do with these materials after the above dates? \_\_\_\_\_

Item description may include such information as date, number, and course for an exam; call numbers for books; journal titles for articles; or other relevant information. Pages of items can be the page range of an item or the number of pages or both.

TITLE	ITEM DESCRIPTION	PAGES OF ITEMS	# OF COPIES
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

## Add/Update Course

**Course Number** \*

**Parent Course Number**

**Course Name** \*

**Instructor** \*

**Department** \*

**Starting Date** \*

**Ending Date** \*

**Period** \*  **Spring Semester**  
 **Summer Semester**  
 **Fall Semester**  
 **Not active**

**No. Of Students**

**Hours per Week**

\* **Mandatory field**