

Course Reserve Form

Education Psychology Library, UC Berkeley

Semester: _____

Course Number: _____

Professor's Name: _____

Campus/Group Address: _____

Email: _____

Phone Number: _____

Contact Person (if other than Professor): _____

Contact Person's Email: _____

Contact Person's Phone: _____

Special Instructions: _____

Is this an addition to a prior list? _____

Item No. 1:

Library Use Two hours One day One week

Author: _____

Title: _____

Publisher: _____

Edition: _____

Call number: _____

Volume number: _____

Item No. 2:

Library Use Two hours One day One week

Author: _____

Title: _____

Publisher: _____

Edition: _____

Call number: _____

Volume number: _____

Item No. 3:

Library Use Two hours One day One week

Author: _____

Title: _____

Publisher: _____

Edition: _____

Call number: _____

Volume number: _____