

Faculty Member Recommendation Form

Requester :	Type of Recommended Material(s) <input type="checkbox"/> Book <input type="checkbox"/> A/V Material <input type="checkbox"/> Database <input type="checkbox"/> Journal * <input type="checkbox"/> Other _____ <small>* Journal subscription period is set as the following calendar year (JAN through DEC) once the associated recommendation form is received by the University Library</small>
Faculty/Institute/Centre :	
E-mail :	
Tel :	

Item No	Author/Editor	Title	Edition & Year	Publisher	ISBN/ ISSN	Remark	INSTRUCTION
1							Reserve <input type="checkbox"/>
2							Reserve <input type="checkbox"/>
3							Reserve <input type="checkbox"/>
4							Reserve <input type="checkbox"/>
5							Reserve <input type="checkbox"/>
6							Reserve <input type="checkbox"/>
7							Reserve <input type="checkbox"/>
8							Reserve <input type="checkbox"/>

INSTRUCTION : Reserve the item for me upon receipt of the material.

<i>Signature of Requester :</i> _____	<i>Date :</i> _____	Approved by Dean/Director : _____
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