



Requestor's Information
 Prof./Dr./Mr./Ms. _____
 Faculty/Dept : _____
 Staff/Student ID : _____
 UMAC E-mail: _____
 Contact Tel: _____

INTERLIBRARY LOAN OR DDS REQUEST FORM

Type of Request:
 Loan; Will pay fee _____
 Photocopy; Max. cost MOP _____

Applying by E-mail is accepted. Kindly fill out the details and send to lib_ref@umac.mo.

Item No.	Author / Editor	Book or Article / Title	Book edition, publisher, year; OR, Serial title, volume, issue, date, pages	Remark / Location	Library Use

Received by: _____
 Date: _____

Signed by requestor: _____
 Date: _____