

WMU Library Course Reserve Drop-Off Form

In order to process your reserve materials more effectively, please provide the following information:

Instructor Name: _____

Email Address: _____

Department: _____

Course Number: _____

(Ex. SOC 3200)

Course Title: _____

Course Password: _____

(Passwords are required for copyrighted material)

Semester: _____ Today's Date: _____

Contact lib-rsc@wmich if you have any questions.