



COURSE RESERVE FORM

Course Information

Faculty Information

Semester/Term
(Accepting Current Semester/Term Only)

Fall

Inter-Term

Spring

Summer I, II, III

Last Name: _____ **First Name:** _____

Course Number
(e.g. ENG 204)

Department: _____ **Email:** _____@chapman.edu

Course Title
(e.g. Creative Writing)

Chapman ID number: _____ **Extension:** _____ **Faculty Status:**
 Full Time
 Adjunct

Processing Information – For Staff Use Only

Item Information

Course Password for Electronic Reserves

Title (Include full or partial title of the item)	Circle a check-out time (Note: HRI signifies In Library Use Only/No overnight CKO)	Call Number (All items will have a Call Number assigned by staff)	Date/Time Received	Staff Initials	Date/Time Processed	Staff Initials
	1HRI 2HR 2HRI 6HR 6HRI 12HR 24HR 3DAY 7DAY					
	1HRI 2HR 2HRI 6HR 6HRI 12HR 24HR 3DAY 7DAY					
	1HRI 2HR 2HRI 6HR 6HRI 12HR 24HR 3DAY 7DAY					
	1HRI 2HR 2HRI 6HR 6HRI 12HR 24HR 3DAY 7DAY					
	1HRI 2HR 2HRI 6HR 6HRI 12HR 24HR 3DAY 7DAY					
	1HRI 2HR 2HRI 6HR 6HRI 12HR 24HR 3DAY 7DAY					
	1HRI 2HR 2HRI 6HR 6HRI 12HR 24HR 3DAY 7DAY					
	1HRI 2HR 2HRI 6HR 6HRI 12HR 24HR 3DAY 7DAY					
	1HRI 2HR 2HRI 6HR 6HRI 12HR 24HR 3DAY 7DAY					
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