

Student Name: \_\_\_\_\_

Term of Request: \_\_\_\_\_

Today's Date: \_\_\_\_\_



# OFF CAMPUS TEXTBOOK REQUEST FORM

REQUESTS ARE TO BE SUBMITTED TO MS. XIONG IN ROOM 502

TEXTBOOKS WITHOUT AN ISBN NUMBER LISTED WILL NOT BE ORDERED

**COURSE REQUESTING TEXTBOOK FOR:** \_\_\_\_\_ **PROFESSOR:** \_\_\_\_\_

TEXTBOOK TITLE: \_\_\_\_\_ AUTHOR: \_\_\_\_\_  
ISBN NUMBER: \_\_\_\_\_ Date Received Textbook: \_\_\_\_\_ Student Initial: \_\_\_\_\_

**COURSE REQUESTING TEXTBOOK FOR:** \_\_\_\_\_ **PROFESSOR:** \_\_\_\_\_

TEXTBOOK TITLE: \_\_\_\_\_ AUTHOR: \_\_\_\_\_  
ISBN NUMBER: \_\_\_\_\_ Date Received Textbook: \_\_\_\_\_ Student Initial: \_\_\_\_\_

**COURSE REQUESTING TEXTBOOK FOR:** \_\_\_\_\_ **PROFESSOR:** \_\_\_\_\_

TEXTBOOK TITLE: \_\_\_\_\_ AUTHOR: \_\_\_\_\_  
ISBN NUMBER: \_\_\_\_\_ Date Received Textbook: \_\_\_\_\_ Student Initial: \_\_\_\_\_

**COURSE REQUESTING TEXTBOOK FOR:** \_\_\_\_\_ **PROFESSOR:** \_\_\_\_\_

TEXTBOOK TITLE: \_\_\_\_\_ AUTHOR: \_\_\_\_\_  
ISBN NUMBER: \_\_\_\_\_ Date Received Textbook: \_\_\_\_\_ Student Initial: \_\_\_\_\_

## FRIENDLY REMINDERS

- Only request textbooks for off campus courses you are officially registered for- DO NOT REQUEST FOR WAITLISTED COURSES
- Please complete request legibly and completely
- YOU WILL BE NOTIFIED VIA EMAIL WHEN TEXTBOOKS ARE READY FOR PICK UP. PLEASE SO NOT ASK WHEN TEXTBOOKS WILL COME IN.

Student Email Address: \_\_\_\_\_

MS. XIONG TO COMPLETE	
Date Student Notified to Pick Up:	Date Reminder Sent to Student:
Date Order is Complete:	