California State University, San Bernardino
Pfau Library Reserve
Faculty Reserve Form

Date & Time of Request _____

PROCESSING OF MATERIAL REQUIRES A MINIMUM OF 3 DAYS

Instructor _____
Last name, First name

Department & Course Number_____

Place on Reserve for: Fall_____ Winter_____ Spring_____
Summer_____ Academic year_____
After marked quarters, book(s) will be sent back.

To Speed Processing:. Reserves must be submitted on this form (typed or printed clearly).

For HARD COPY RESERVES
List call numbers, authors, and titles in appropriate columns. Please specify if items should be for **"Library Use Only" _____**
Please select from the following loan periods **ONLY:** 2 hours, 24 hours.

Library Reserves will adhere to copyright and fair use guidelines.
These items can only be on Reserve for a quarter at a time.

Library Call No.	Author	Title	Loan Period	Hard Copy