COLLEGE OF MARIN
REQUEST TO PLACE MATERIALS ON RESERVE
(please allow 2 working days for materials be put on reserve)

Campus: Kentfield________________________ IVC___________________________

Course: ________________________________________________________________
(Please give the Course Discipline Abbreviation & Number as shown in COM Schedules)

Instructor: _(last name)_____________________(first name)___________________________
(Please, let the staff know if you change your last/ first name)

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Author: ________________________________________________________________

Edition: __________________________ Date Published: __________________________

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                                     Overnight     3 days     7 days     1 Month

Dates on Reserve:  From:_________________________ To:_________________________
(If not specified, reserves will expire at the end of semester)

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