

COURSE RESERVE REQUEST FORM

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COURSE NAME + NO.:	PHONE:
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TERM REQUIRED (Check all that are applicable): <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> <input type="checkbox"/> Fall term (Sept-Dec) <input type="checkbox"/> Summer Session 1 (May-June) <input type="checkbox"/> Continuous </div> <div style="width: 45%;"> <input type="checkbox"/> Spring term (Jan-Apr) <input type="checkbox"/> Summer session 2 (July-Aug) <input type="checkbox"/> Specific date: </div> </div>	
RETURN ITEM(S) VIA: <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 5px;"> <input type="checkbox"/> Interoffice Mail OR <input type="checkbox"/> Pickup at Library Services desk </div>	
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To contact Course Reserves: capreserves@capilanou.ca or (604) 984-4944 (local 4944)

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