



\*Indicates required field

DEPARTMENT	*COURSE NO	SECTION	YEAR
COURSE NAME		*ENROLMENT	
*INSTRUCTOR		PHONE NO	
EMAIL ADDRESS			

\*PLEASE CHECK ONE

<input type="checkbox"/> SPRING SESSION	<input type="checkbox"/> FALL TERM	<input type="checkbox"/> WINTER TERM
<input type="checkbox"/> SUMMER SESSION	<input type="checkbox"/> FULL YEAR	<input type="checkbox"/> OTHER

*TITLE:		ACTUAL DATE YOU PLAN TO USE THE BOOK
AUTHOR:	EDITION	
*QUANTITY	* <input type="checkbox"/> REQUIRED <input type="checkbox"/> NON-REQUIRED <input type="checkbox"/> HARDCOVER <input type="checkbox"/> PAPER	
*ISBN	PUBLISHER	SUPPLIER

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