

School of Social Work
DESK COPY REQUEST FORM
 Complete one form for each instructor for each class

| | | | |
|----------------------------|---------------------------------|------------------------------------|---------------------------------------|
| Instructor's Name: | | | |
| Course # and Title: | | | |
| Semester: | Summer <input type="checkbox"/> | Fall <input type="checkbox"/> | Spring <input type="checkbox"/> |
| Full Title: | | | |
| Publisher: | | | |
| Author: | | | |
| ISBN: | | Required: <input type="checkbox"/> | Recommended: <input type="checkbox"/> |
| Full Title: | | | |
| Publisher: | | | |
| Author: | | | |
| ISBN: | | Required: <input type="checkbox"/> | Recommended: <input type="checkbox"/> |
| Full Title: | | | |
| Publisher: | | | |
| Author: | | | |
| ISBN: | | Required: <input type="checkbox"/> | Recommended: <input type="checkbox"/> |
| Full Title: | | | |
| Publisher: | | | |
| Author: | | | |
| ISBN: | | Required: <input type="checkbox"/> | Recommended: <input type="checkbox"/> |
| Full Title: | | | |
| Publisher: | | | |
| Author: | | | |
| ISBN: | | Required: <input type="checkbox"/> | Recommended: <input type="checkbox"/> |