FACULTY ELECTRONIC RESERVE INFORMATION

Sojourner Truth Library/State University of New York at New Paltz

Instructor's Name _____ Semester_____

Department_____ Phone_____

Email Address_____

_____ _____

COURSE TITLE **COURSE # AND SECTION #**
eg. ART100-01

TITLE (Please list each title as you want it to appear)

One form per course. This form must accompany items for reserve.