Book Requests for Course Reserve

Olin and Chalmers Libraries
Kenyon College

Date Request Received: _____
Received by:_____

Department:	Course Number:	Section:	Enrollment:	Course Duration – Check One:
Instructor:	Course Name:			☐ Fall Semester ☐ Spring Semester ☐ Year

			Circulation Use Only	
Call Number	**Author**	**Title**	**Status**	**Processed by/Date**

(Incomplete forms will not be processed.)