HOBSON SCIENCE LIBRARY

OHIO WESLEYAN UNIVERSITY LIBRARIES -- Reserve Room Transfer Request

Department _____Course no. _____ Teacher _____

Course title _____ # students _____

Loan period: ☐ **1 hour** ☐ **2 hours** ☐ **4 hours** ☐ **24 hours** ☐ **Fall Semester** ☐ **All Year**

☐ **3 days** ☐ **5 days** ☐ **7 days** ☐ **14 days** ☐ **Spring Semester** ☐ **Permanent**

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signed _____ date submitted _____

No. of Copies	Call Number	Author	Title

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