

## COURSE BOOK INFORMATION REQUEST

Please complete and return to \_\_\_\_\_ By \_\_\_\_\_

Term \_\_\_\_\_ Est. Enrol \_\_\_\_\_ Professor \_\_\_\_\_ E-mail \_\_\_\_\_  
 Department \_\_\_\_\_ Course # \_\_\_\_\_ Office Phone \_\_\_\_\_ Fax Number \_\_\_\_\_  
 Section \_\_\_\_\_ Location \_\_\_\_\_ Continuation Class (Y/N) \_\_\_\_\_ Dept. Contact \_\_\_\_\_ Home Phone \_\_\_\_\_

Please fill in the information below.

BOOK NUMBER	AUTHOR	TITLE	PUBLISHER	EDITION	ISBN	REQ'D or REC
1						
2						
3						
4						
5						

Will you be using any of these titles again? \_\_\_\_\_ If so, what book number(s) and Term? \_\_\_\_\_  
 (We will send you a confirmation before that term.) Would you like to be contacted about using a customized Course Pack? \_\_\_\_\_

Are there any special supplies or software titles your students will need or anything else we need to know about this course?

**Thank You!**

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