

PERIODICAL REQUEST FORM

Periodical title: _____

Publisher information: _____
(Please attach publication announcement or sample issue if available)

Price: _____ Frequency: _____

Periodical title's relation to curricular support: _____

Requestor: _____ Department: _____

Date: _____

Library Committee Representative Signature: _____

Date: _____

Please review the General Collection Development Criteria For Periodicals on the reverse.

Please return this completed form to the Coordinator of Collection Development and Management.

If you have any questions please contact the Coordinator of Collection Development and Management at ext. 1275.

(BELOW IS FOR LIBRARIES' USE ONLY)

Reviewed: _____

Indexed: _____

Price: _____ Frequency: _____

Publisher: _____

Comments: _____

Subject selector: _____ Date: _____

Coordinator: _____ Date: _____

Order decision: _____ Start date: _____

Date of order: _____