Form A
Books owned by the library

Boston University
Mugar Memorial Library
771 Commonwealth Avenue
Boston, Massachusetts 02215
Reserve Desk: (617) 353-3739

For Office Use Only

Log				
Directory				
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Instructor _____

Course Number (s) _____

Office Phone _____

Office Address _____

_____

E-mail _____

Loan period: (choose only one)
2 Hour_____ 24 Hour_____ 3 Day_____

Semester (s) needed:
Academic Year _____
Fall _____ Spring _____ Sum 1 ____ Sum 2 ____
Or
Permanent Reserve _____
(for courses offered 3 or more consecutive semesters)

Complete Mugar Library call numbers ***must*** be provided for each book.

List only books and call numbers found ***within*** the Boston University Library catalog.

Information must be legible for staff to process this form.

Separate forms are necessary for personal copies, journal articles, and books to be ordered.

For Office Use Only	**Call Number**	**Author's Name** (last, first)	**Complete Title**	For Office Use Only PO	Search Notes