

Library Instruction Session Request Form

Instructors, please use this form to request library instruction for your class. Required fields are indicated with an asterisk (*). If you have any questions, contact the librarian.

* Submitted by: _____

* Instructor's Name: _____

Instructor's Email Address: _____

Date of Session: * 1st Choice _____ 2nd Choice _____

*Department: _____ Campus Telephone Number: _____

*Course Title/Number: _____

*Number of Students: _____

*Time Class Begins: _____ *Time Class Ends: _____

*Assignment Description/Material Covered (for which you are requesting the instructional session): _____

Date Assignment is Due: _____

Additional Comments: _____
