Textbook Requisition Form

	Fall	
	Intersession	
	Spring	
	Summer	

Due Date:

Department	Course	Section	Schedule #	Instructor
Please Select				

Required or Recommended	Author	Title	Publisher	ISBN #	Edition	Desk Copy	Estimated # of Students
☐ Req. ☐ Rec.						☐ Yes ☐ No	
☐ Req. ☐ Rec.						☐ Yes ☐ No	
☐ Req. ☐ Rec.						☐ Yes ☐ No	
☐ Req. ☐ Rec.						☐ Yes ☐ No	
☐ Req. ☐ Rec.						☐ Yes ☐ No	
☐ Req. ☐ Rec.						☐ Yes ☐ No	
☐ Req. ☐ Rec.						☐ Yes ☐ No	
☐ Req. ☐ Rec.						☐ Yes ☐ No	