



**Course Reader Order Form**

**Contact Information**

(Originals will be returned to this location)

**Instructor Information**

Title (Dr, Prof, PhD): \_\_\_\_\_  
Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Name: \_\_\_\_\_  
BLDG: \_\_\_\_\_  
ROOM: \_\_\_\_\_ Mail Code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Course Information**

Date Needed: \_\_\_\_\_ Term: \_\_\_\_\_

Dept: \_\_\_\_\_ Course No.: \_\_\_\_\_

Section(s): \_\_\_\_\_

Specific title of material: \_\_\_\_\_

Is this Reader a copy from a previous semester?

YES      NO      YES, With Changes  
(please note changes in special instructions)

If YES from which Term/Year?  
Term \_\_\_\_\_ Year: \_\_\_\_\_

Is this Reader    Required    or    Optional

Enrollment: \_\_\_\_\_ Instructor copies: \_\_\_\_\_

Make this reader available for (check all that apply):  
UPC    HSC    OCC    South Coast

Sacramento    Dentistry    Distance Education

Other: \_\_\_\_\_

**Production and Finishing Information**

Printing:

Single Sided    Double Sided

Binding:

Coil    Tape    Shrinkwrap    Comb

Other: \_\_\_\_\_

Special:

Inserts    Tabs    3-Hole    Pagination

**Special Instructions or Other Information**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorized Signature

Date

**UCP OFFICE USE**

JN: \_\_\_\_\_ SKU: \_\_\_\_\_ CN: \_\_\_\_\_