

**PRAIRIE VIEW A&M UNIVERSITY**  
 The Texas A&M University System  
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 P. O. Box 519  
 Prairie View, Texas 77446  
**RESERVE FORM**

**ATTENTION:** Faculty/Staff

\*\*\*\*\*ALL RESERVE MATERIALS ARE TO BE PICKED UP AT THE END OF EACH SEMESTER\*\*\*\*\*

\*\*\*ALL RESERVE MATERIALS HAVE A TWO-HOUR "IN LIBRARY USE ONLY" CHECK OUT TIME LIMIT\*\*\*

Instructor's Last Name: \_\_\_\_\_

Department Name: \_\_\_\_\_

Section No: \_\_\_\_\_

Instructor's First Name: \_\_\_\_\_

Dept. Code (e.g. Chemistry = CHEM) \_\_\_\_\_

Number of Students: \_\_\_\_\_

Course Name: \_\_\_\_\_  
 (e.g. Introduction To Literature)

Dept. Phone #: \_\_\_\_\_

Your Office Ext.: \_\_\_\_\_  
 (if different from Dept. number)

Course Number: \_\_\_\_\_

Circle Semester:    Fall    Spring    Sum

Year \_\_\_\_\_

AUTHOR	TITLE	NUMBER OF COPIES	DATE PLACED ON RESERVE	DATE TAKEN OFF RESERVE
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