

## 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: \* 1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_