



Course Packet Order Form

1

Professor Name _____

Professor Building Address _____

Professor Email _____ Phone # _____

Course Name _____

Course Number _____ Course Section _____

Is the Packet Required? No Yes Estimated Enrollment _____ Instructor Copies No Yes
If yes, # of copies _____

Semester and Year _____ Campus _____

2

Printing & Binding

Is this a reorder? No Yes
If yes, previous confirmation # _____

File Name _____

Print Color Black/White
 Single Sided Double Sided

Binding Coil 3-Hole Drill Staple

Finishing Shrink Wrap Binder

Special Instructions

3

Copyright

- No, course packet does not contain copyrighted material
- Yes, course packet does contain copyrighted material*
(Please fill out content below)

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Book Title

ISBN # _____

Author(s)

Publication Date _____ Edition # _____

Page numbers that are copyrighted in your requested material

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