

RAYNOR MEMORIAL LIBRARIES

ELECTRONIC RESOURCE REQUEST

Date: _____

TITLE: _____

FORMAT: _____

PUBLISHER: _____ PLACE OF PUB.: _____

PRICE: _____ (if available) ISSN/ISBN: _____ (if available)

THIS IS A: ___ ONE-TIME PURCHASE ___ ONGOING SUBSCRIPTION--Frequency: _____

REQUESTED BY: _____ DEPT.: _____

FACULTY LIBRARY REPRESENTATIVE APPROVAL: _____

To assist the Collection Development Advisory Committee with the evaluation of this request, please provide a paragraph below describing why this electronic resource should be added to the Libraries' collections. Include specific information regarding which classes, research, or programs it would support. If you have a sample disk, reviews, promotional brochure, etc., please attach; such material would be helpful to the evaluation process and can be returned to you. Faculty Library Representatives should send the completed form to their Collection Development Librarian.