

## COURSE BOOK INFORMATION REQUEST

**Term**                      Est. Enrol                      Dept.                      Course #                      Section  
 Professor                      E-mail                      Phone                      Dept. Contact

Does your course require a textbook purchase? Yes  No

If your course requires a textbook purchase, please fill in the information below.

If you require more space for textbooks, an additional page has been added for your convenience.

	AUTHOR	TITLE	PUBLISHER	PREFERRED EDITION	ISBN	RQ/RC
1				<input type="checkbox"/> Newest* <input type="checkbox"/> Other:		
2				<input type="checkbox"/> Newest* <input type="checkbox"/> Other:		
3				<input type="checkbox"/> Newest* <input type="checkbox"/> Other:		
4				<input type="checkbox"/> Newest* <input type="checkbox"/> Other:		
5				<input type="checkbox"/> Newest* <input type="checkbox"/> Other:		

Will your course be using a course pack? Yes  No

(Please submit a copy of your course pack to the bookstore 4 weeks prior to the start of classes if it does not contain copyrighted information, 8 weeks prior to the start of classis if it does contain copyrighted information.)

The following items are necessary to support the college's compliance with Florida statute as well as Florida Board of Governors an NCF regulations governing textbook adoption:

Please confirm that all required items ordered above, both individually and bundled, are essential for this course. Yes  No

\*If you specified the newest edition as your preferred edition for one or more textbooks ordered above, please choose the appropriate reason from the menu to indicate why the newest edition is necessary. Please choose from drop down menu.

Reason for newest edition: \_\_\_\_\_

Form completed by: \_\_\_\_\_ Title: \_\_\_\_\_  
Please print first & last name Please print

## COURSE BOOK INFORMATION REQUEST - CONTINUED FROM PREVIOUS PAGE

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6			<input type="checkbox"/> Newest* <input type="checkbox"/> Other:		
7			<input type="checkbox"/> Newest* <input type="checkbox"/> Other:		
8			<input type="checkbox"/> Newest* <input type="checkbox"/> Other:		
9			<input type="checkbox"/> Newest* <input type="checkbox"/> Other:		
10			<input type="checkbox"/> Newest* <input type="checkbox"/> Other:		
11			<input type="checkbox"/> Newest* <input type="checkbox"/> Other:		
12			<input type="checkbox"/> Newest* <input type="checkbox"/> Other:		
13			<input type="checkbox"/> Newest* <input type="checkbox"/> Other:		
14			<input type="checkbox"/> Newest* <input type="checkbox"/> Other:		
15			<input type="checkbox"/> Newest* <input type="checkbox"/> Other:		

**Form completed by:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
Please print first & last name
Please print