

Recommendation Form for Course-Related Books

Submit To: Information Management Group, Library
 Division, Research Promotion Department
 Campus Mailbox: L-1, Fax: 3330
 E-mail: materials@libra.titech.ac.jp

Affiliation: _____

Name: _____

ID Number: _____

Contact: Ext. _____ Fax _____

Email: _____@_____.titech.ac.jp

Course Name: _____

Semester: Spring Semester (1st - 2nd quarter) Fall Semester (3rd - 4th quarter)

Target Group: Undergraduates Graduate students

Location: Ookayama Suzukakedai

Number of Attendees: _____ people (Do not leave blank. Purchase quantity will be determined by the number.)

Comment: _____

Please use one form for each course. **Bold** items are required. Books will be ordered after confirming availability. You can recommend up to 10 books per course.

Priority No.	Author/Editor		ISBN	Price
Title of Book				
Title of Series				
Publisher			Year of Publication	

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Title of Book				
Title of Series				
Publisher			Year of Publication	

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