

Recommendation Form for Course-Related Books

Submit To: Collection Management Group, Library
Information Management Division
Campus Mailbox: L-1
E-mail:lib.collection@adm.isct.ac.jp

Affiliation: _____**Name:** _____**ID Number:** _____**E-mail:** _____**Tel. (Ext.):** _____**Course Name:** _____**Semester:** ☐ Spring Semester (1st + 2nd quarter) ☐ Fall Semester (3rd + 4th quarter)**Target Group:** ☐ Undergraduates ☐ Graduate students**Desired Location:** ☐ Ookayama ☐ Suzukakedai**Number of Attendees:** _____ people**Comment:** _____

Please use one form for each course. **Bold** items are required.

You can recommend up to 5 books per year.

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

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