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Term **SUMMER 2017** Est. Enrol _____ Professor _____ E-mail _____
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 Section _____ Continuation Class (Y/N) _____ Dept. Contact _____ Home Phone _____

Please fill in the information below.

<u>BOOK</u>	<u>NUMBER</u>	<u>AUTHOR</u>	<u>TITLE</u>	<u>PUBLISHER</u>	<u>EDITION</u>	<u>ISBN</u>	<u>REQ'D or REC</u>
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If you will be using more than 5 titles, please use multiple forms.

Will you be using any of these titles again? (Y/N) If so, what book number(s) and Term?

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Are there any special supplies your students will need or anything else we need to know about this course?

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