

Academy College Library Acquisition Recommendation Form

Supported Program:	
Supported Course name(s) & number(s):	
Recommended by:	E-mail:
	Phone:
<input type="checkbox"/> Book:	Title _____ Author _____ Publisher _____ Place of pub'n _____ Publication date _____ Edition _____ Series _____ Special instructions: _____ _____ Reason for recommendation: _____ _____ _____ _____
<input type="checkbox"/> Journal or magazine:	Journal/magazine title: _____ Publisher: _____ Special instructions: _____ _____ Reason for recommendation: _____ _____ _____ _____