LIBRARY ORIENTATION REQUEST FORM

Instructor:_________________________Date Submitted:__________________
Office Hours:_____________Campus Phone:___________________
Additional Phone No(s):__________________________________________
(Suggested for Hourly Faculty)
Course No./Title:______________________________________________________
Preferred Date(s) and Time of Arrival for Orientation:________________________
Number of Students Expected:________________________________________

☐ General Orientation  ☐ Specialized Orientation

To the Instructor: (Please inform us of special class assignments and note any special subjects or sources you would like covered.)

(Forward this request to Ibtesam Dessouky for Assignment and Room Reservation)
(Library use only)
Room 140 Reserved___________ Confirmed with instructor_______
(Assigned Librarian will please confirm with instructor if not noted here.)
Orientation Date/Time:_____________________________________________
Assigned to Librarian:__________ Length of Lecture_______________
No. of students attended_______ Did instructor attend?___________
Comments__________________________________________________________

(Please return completed form to Ibtesam Dessouky after orientation)

Last Updated 02/03/2009