

LOS ANGELES HARBOR COLLEGE
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)