



Supplemental Course Resources (SCR) Digitization Request Form

Instructor _____ Email _____

Office Location _____ Phone _____

Course Name _____

Course Number _____ Course Section(s) _____

Class Size _____ Date Needed _____

Would you like us to pursue copyright clearance when it is necessary? Yes__ No__

Full Citation

(You may attach your citation(s) if you prefer.)

Comments

Library Use Only – Submission Date: _____