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: _____________________________