KREITZBERG LIBRARY
PERIODICAL REQUEST FORM

Requestor’s Name ___________________________ Department __________________

Phone Extension ___________________________________________________________________________

Periodical Title ___________________________________________________________________________

Ordering Information (Publisher/Issuing Body Name and Address, Web site) __________

_______________________________________________________________________________________

Phone/Fax __________________________________________________________________________________

Price ____________ Frequency _________________ ISSN ______________________

1. What courses or programs in your department will benefit from the addition of this journal to the library?

2. What other periodicals in the library have potential overlap in subject matter with this title?

3. If this titles is available in electronic format, would that be acceptable in lieu of the print version?

4. Other comments about the need for this periodical, e.g. needed for accreditation? Retention period – permanent, latest ____ years?

Approval of Department/Division Head: _________________________________________________

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Staff Use Only

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Decision
Notification