

The University of Texas Health Science Center at San Antonio
TEXTBOOK & MANUAL REQUEST FORM

BOOKSTORE
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INSTRUCTIONS

1. Please TYPE or PRINT.
2. List all books that are REQUIRED or RECOMMENDED for class on upper portion of form.
3. List all MANUALS or SYLLABI on lower portion of form.
4. If there is NO TEXT or MANUAL for class, please indicate.
5. PLEASE, one book request form PER COURSE you are teaching.
6. THANK YOU!

PLEASE RETURN THIS COMPLETED FORM TO THE BOOKSTORE BY _____ (date)
 (retain pink copy for your records)

CLASSES BEGIN: _____ EXPECTED ENROLLMENT: _____

DEPARTMENT: _____ INSTRUCTOR: _____ TEL. NO.: _____

COURSE TITLE.: _____

COURSE NO.: _____

- | | |
|--|------------------------------------|
| School: | Level: |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Freshman |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Sophomore |
| <input type="checkbox"/> Nursing | <input type="checkbox"/> Junior |
| <input type="checkbox"/> Allied Health | <input type="checkbox"/> Senior |
| <input type="checkbox"/> Grad. Bio. | <input type="checkbox"/> Graduate |

BOOKS STUDENTS ARE REQUIRED OR RECOMMENDED TO BUY

First Author Listed	Title	Edition	Publisher	Required	Recommended	Quantity	Store Use — Leave Blank	
							Order No.	Price

MANUALS OR SYLLABI STUDENTS ARE REQUIRED TO BUY

Author	Title	When Needed (date)	No. of Students	Store Use — Leave Blank

Unusual Circumstances That Will Affect The Purchase of This Book.

Signature Instructor _____ Date _____ Signature Dept. Chair _____ Date _____