

**Gast Business Library Assigned Reading**  
(All fields required)

Instructor \_\_\_\_\_ Course \_\_\_\_\_  
Semester \_\_\_\_\_ No. Of Students \_\_\_\_\_  
Campus Address \_\_\_\_\_  
Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**Please Type or Print in Ink**

Call Number  
(Office Use Only)

Author:  
(last name,  
complete first name)

Book:  
Title, publisher, publication  
date  
Periodical Article:  
Title, Journal, volume, date,  
Page

1)		
2)		
3)		
4)		
5)		
6)		

**Please do not staple materials. Allow 3 working days for processing.**  
**Please 3-hole punch loose-leaf materials. Please use 8 1/2X11 paper only.**