

Katie Zepps Nursing Library



The College of Nursing

Reservation Card

Name Date

(please tick box)

Member

Student

Staff

Course name

Contact ph (H) (W)

Title of book

.....

..... Call no.

Date due Not required after

Please note:

Books will be kept aside for one week only after notification is given. Completion of all details on this form will ensure faster delivery of item when it becomes available.