

**BOOKSTORE TEXT REQUISITION FORM** One course per form only. Please list only titles applying to the course indicated.

Name of Teacher Assigned to Course:

Department:

College Ext:

Home Tel:

BOOK(S) BELOW ARE FOR:

Course Number:

Section Number(s):

Semester:

**Books are not ordered if these are not listed.**

(list start / end dates for intensive courses)

PLEASE LIST THE BOOK(S) IN THE ORDER IN WHICH THEY WILL BE USED

Author(s):		Title:			
Publisher:		Year/Edition:		ISBN-13: <b>978 -</b>	
Total Students:	for	Sections	<input type="checkbox"/> Required text OR <input type="checkbox"/> Recommended text	I would like the e-version as well: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Bookstore Use Only	On Hand:	Ordered:	Withheld:	O-T-B:	Will you be using this text next semester? Yes No

Author(s):		Title:			
Publisher:		Year/Edition:		ISBN-13: <b>978 -</b>	
Total Students:	for	Sections	<input type="checkbox"/> Required text OR <input type="checkbox"/> Recommended text	I would like the e-version as well: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Bookstore Use Only	On Hand:	Ordered:	Withheld:	O-T-B:	Will you be using this text next semester? Yes No

Author(s):		Title:			
Publisher:		Year/Edition:		ISBN-13: <b>978 -</b>	
Total Students:	for	Sections	<input type="checkbox"/> Required text OR <input type="checkbox"/> Recommended text	I would like the e-version as well: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Bookstore Use Only	On Hand:	Ordered:	Withheld:	O-T-B:	Will you be using this text next semester? Yes No

Author(s):		Title:			
Publisher:		Year/Edition:		ISBN-13: <b>978 -</b>	
Total Students:	for	Sections	<input type="checkbox"/> Required text OR <input type="checkbox"/> Recommended text	I would like the e-version as well: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Bookstore Use Only	On Hand:	Ordered:	Withheld:	O-T-B:	Will you be using this text next semester? Yes No

Fill out and save this form on your computer, then email it back to bookstoreorders@dawsoncollege.qc.ca as an attachment. Telephone 1403 or 5502 if you have difficulties. We suggest you keep a copy of this completed requisition in your own files