

**Textbook Requisition  
Luther Book Shop  
FOR TERM : 2014WLUT - FALL 2014**

Dept: _____	<b>Return By : Tuesday, April 01, 2014</b>
Course: _____	<b>Return To:</b> _____
Instructor's Name: _____	Luther Book Shop
Instructor's Phone: _____	700 College Dr.
Instructor's E-mail: _____	
Section Number(s): _____	Decorah IA 52101

2014WLUT - FALL 2014 anticipated enrollment: \_\_\_\_\_

Please indicate whether the title is Required (REQ), Alternate Edition (ALT), Optional (OPT), Recommended (REC). Enter in Status Box please.  
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