

**Textbook Requisition**  
**Luther Book Shop**  
**FOR TERM : 2015CLUT - J-Term 2015**

Dept: \_\_\_\_\_ **Return By : Monday, October 27, 2014**  
Course: \_\_\_\_\_ **Return To:** \_\_\_\_\_  
Instructor's Name: \_\_\_\_\_ Luther Book Shop  
Instructor's Phone: \_\_\_\_\_ 700 College Dr.  
Instructor's E-mail: \_\_\_\_\_  
Section Number(s): \_\_\_\_\_ Decorah IA 52101

JTERM 2015 / 2015CLUT anticipated enrollment: \_\_\_\_\_

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

In addition, please indicate the title's Binding (BD), Edition (ED) and Copyright (CP).

Enter New Adoptions Below:

| Author | Title | ISBN | BD/ED/CP | Publisher | Status                   |
|--------|-------|------|----------|-----------|--------------------------|
|        |       |      |          |           | (REQ)(ALT)(OPT)<br>(REC) |
|        |       |      |          |           | (REQ)(ALT)(OPT)<br>(REC) |
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Instructor Signature  
Report ID: 404

Date Signed

Department Head Signature

Date Signed