

## Textbook Requisition

### Luther Book Shop

#### FOR TERM : SUMMER SESSION 1 2016/2016OLUT

Dept: \_\_\_\_\_ **Return By : Friday, April 01 , 2016**  
 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

SUMMER SESSION 1 2016/2 antic. 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)(REC)
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Instructor Signature  
 Report ID: 404

Date Signed

Department Head Signature

Date Signed