

Textbook Requisition
Luther Book Shop
FOR TERM : SPRING 2015 / 2015HLUT

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

SPRING 2015 / 2015HLUT 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
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Instructor Signature
Report ID: 404

Date Signed

Department Head Signature

Date Signed