

Textbook Requisition
Luther Book Shop
FOR TERM : 2014OLUT - SUMMER 2014

Dept: _____ **Return By :** **Tuesday, April 01, 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

2014OLUT - SUMMER 2014 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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