

Request for Instructor's Desk Copy or Possible Adoption Text

All fields are required unless otherwise indicated

The following instructor's te	xt is to be ordered	I for me because:	
☐ it has been adopted for my class			
☐ it is under considerati	on for a class		
Course Information			
Number:			
e.g. ENGL 101U-01 Su	ıbject	Number	Section
Title/Semester:			
e.g. Composition Fall 2007 Ti	le		Semester/Year
Textbook Information			
Title:			
Edition:			(if applicable)
Author(s):			
Publisher:			
ISBN:	quired: text cannot be o	rdered without this number	
Pub. Date:			
Instructor Information			
Name:			
Do you live out of town?] Yes □ No	If Yes , please provide your	home address below for shipping.
Address:			
Street		City	State Zip
Phone:			
E-Mail:			

Please submit request to:

Kay R. Robertson School of Professional and Continuing Studies Special Programs Building University of Richmond Richmond, VA 23173 Phone: (804) 287-6364

E-Mail: krobert3@richmond.edu