

INSTRUCTOR PERMISSION
TO KEEP TEXTBOOKS

_____ FROM CURRENT SEMESTER

_____ EARLY CHECK OUT FOR NEXT SEMESTER

Current Semester _____ Today's Date: _____

Student's Name _____ Student ID#: _____ - _____ - _____

Books
Needed: _____

Author	Title	Dept
--------	-------	------

Reason for keeping
textbooks: _____

(Examples: Incomplete taken in..., study for next
semester class, dropped class--but still sitting in on
class, etc)

Date books will be returned: _____

Instructor/professor
signature: _____ Phone: _____