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Rowland Medical Library**

BOOK/JOURNAL PURCHASE RECOMMENDATION

**In order to be considered for purchase, all forms must be approved by the
Dept. Chair or Chief Administrator**

Please list only one title per form.

TITLE: _____		
JOURNAL [] or BOOK [] ~ PREFER: PRINT [] ELECTRONIC []		
AUTHOR: _____		
SERIES: _____		
PUBLICATION DATE: _____	EDITION: _____	PRICE: _____
PUBLISHER: _____ NEEDED FOR CLASS RESERVE?: Yes [] No []		

YOUR NAME: _____	
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SIGNATURE: _____	
DATE: _____	

_____ Date: _____
Dept. Chair/Chief Administrator Signature

Approval by the Dept. Chair or Chief Administrator signifies that the requested material is needed by several faculty members or by the whole dept.

This form may be returned, faxed (984-1251) or emailed (djuergen@rowland.umsmed.edu) to the library for consideration.