

SERIALS REQUEST FORM 3.31.00
Western Kentucky University Libraries

Date _____

TITLE: _____

PUBLISHER/ADDRESS: _____

Frequency: _____ Cost: _____

Liaison Librarian should check ALL relevant WKU-held indexes/abstracts as well as full-text availability:

Full-text Access? _____ Indexed/Abstracted: _____

Liaison Librarian: Sample issue requested _____ received _____ not available _____

SERIAL REQUESTED FOR:

_____ Current subscription/standing order starting with: _____

Microform acceptable: _____ Yes _____ No

_____ Backfile for (years/vols.): _____ Librarian initial for backfile ONLY _____

Microform acceptable: _____ Yes _____ No

Justification: Support for course numbers: _____

Other support (attach documentation such as favorable review, ILL frequency, citation rates, etc.)

Requested by: _____ Dept. **AND** Fund Code: _____

Library Representative Signature: _____

Librarian Signature: _____

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Recommendation of Serials Review Committee

Initial action: _____ Date: _____ Final Action: _____ Date: _____

Support _____ Support _____

Not support _____

Defer _____ Not Support _____

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(To be completed by the Serials Unit)

Date: _____

System Number _____ Ordered _____ Letter _____

P.O. number _____ Fund _____ Cost _____

Vendor and Title Number: _____ Start with: _____

Backfile Requested: Vendor _____ Fund _____ Cost _____ Vols./yrs _____

Library Location _____ Retention _____ Line item defaults _____

Call no.(if added vol.) _____ OCLC# _____