Course Reader Submission Form



Course Information		
SCHOOL		
SEMESTER		
COURSE NUMBER		
SECTION NUMBER		
APPROXIMATE PRE-ENROLLMENT		
DATE COURSE BEGINS		
READER DUE ON (if different than date course begins)		
TITLE (as it should appear on cover)		
IF CONTENT PREVIOUSLY USED, SPECIFY SEMESTER		

Special Instructions

Copyright Information Checklist			
I am providing:			
a syllabus	or	a reading list	
Central and CopyMa	t do not obtai	ginal materials. Copy n materials. Originals may urnals, copies, or files.	

Date Submitted		
Instructor Information		
INSTRUCTOR NAME		
OFFICE ADDRESS		
OFFICE ADDRESS		
OFFICE CITY, STATE, ZIP		
OFFICE PHONE		
MOBILE PHONE		
E-MAIL		
NUMBER OF INSTRUCTOR COPIES NEEDED		
DELIVER ORIGINALS AND INSTRUCTOR COPIES TO		
CONTACT NAME (if different than instructor)		
CONTACT PHONE		
CONTACT E-MAIL		
CONTACT ADDRESS		
CONTACT CITY, STATE, ZIP		



How To Build Your Course Reader

Choose one of the following:

- Send us the original books and journals, using post-it notes to tell us which pages to include. We will pickup these materials from you free of charge.
- 2 Send us copies of just the pages you wish to use.
- **B** Give us a Reading List with the following information for each article prior to submitting the original books and journals:
 - □ Article Title
 - Article Author
 - Book or Journal Title
 - Book Author/Editor
 - Journal Issue Number

- Publisher
- □ Which Pages (specify by page number)
- Publication Date
- Order of Appearance in Reader
- □ ISBN (if known)

SUBMIT FORM

SUBMIT THIS FORM via EMAIL TO:

readers@copycentral.com

2411 Telegraph Avenue Berkeley, CA 94704

(510) 848-8649

Call or email to schedule your FREE PICKUP & DELIVERY of your course materials