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UNIVERSITY OF THE WEST INDIES

PERIODICAL REQUEST FORM
(Print and/or Electronic)

Please provide as much information as possible about the journal.

Date: _____

Title:

Publisher Address/URL: _____

Preferred Format: Print Electronic Either

If a particular **format is strongly recommended** please explain.

Price _____

Source of information _____

To help us prioritize your request, please indicate the reason(s) for this recommendation.

1. General interest _____
 2. Support teaching _____
 3. Support departmental research _____
 4. Support personal research _____
- Other (please specify) _____

Are there any titles in the Library with the same or similar subject area which could be considered for cancellation in order to fund this purchase?

Recommended by: _____

Department: _____ Approved by: _____

Head of Department

Email: _____

For Library Use

Background checks: Databases Other Libraries on Campus

Comments:

Checked by: _____ Date: _____

Approved Not Approved

Signed: _____ Date: _____
Campus Librarian

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Subscription to Commence _____

Order No. _____ Date: _____

Vendor: _____