

UNIVERSITY OF SAN CARLOS
LIBRARY SYSTEM

Serial Recommendation/Cancellation Form
Readers Services Form _____

Date _____

Title: _____

Frequency: _____

Publisher/Supplier: _____

Address: _____

Price: _____

- (Attach if available)
- Announcements _____
- Reviews _____
- Brochures _____

Requested by: _____
(Please print full name)

Course/s supported:

College/Department:

Budget Allocation:

Please justify the recommendation/cancellation of this title.

Below are to be filled up by the recommending College/Department librarian:

Priority

Core

Supplementary reference

College/Dept. Librarian signature: _____

Endorsed by:

Serials Librarian

Action taken

Approved: _____
Director of Libraries

Date ordered/cancelled