

UNIVERSITY OF PITTSBURGH BOOK CENTERS - BOOK & SUPPLY FORM

DEPARTMENTAL LIST OF REQUIRED

& RECOMMENDED BOOKS & SUPPLIES

DIRECTIONS:

1. Return first 3 copies to THE BOOK CENTER/HEALTH BOOK CENTER & retain last copy for your department.
2. Please TYPE for legibility.
3. List those items that are Required for purchase by all students.
4. List recommended items in spaces shown.
5. Specify type, make, mfg. of items, if necessary.
6. If no Text is required, please indicate & return signed.
7. Instructor and the Dept. Head should sign this form.
8. Please use separate sheet for each course number.

| COURSE  | ESTIMATED ENROLLMENT | AUTHOR OR EDITOR | COMPLETE TITLE (INDICATE IF BOOK IS PAPER OR CLOTH BOUND) | EDITION | PUBLISHER | ISBN INTERNATIONAL STANDARD BOOK NUMBER |
|---|----------------------|------------------|---|---------|-----------|---|
|   |                      |                  | BOOKS & SUPPLIES ALL STUDENTS ARE REQUIRED TO PURCHASE    |         |           |   |
| SUBJECT ABBR                                  |                      |                  |   |         |           |   |
| COURSE NO. CRN                                |                      |                  |   |         |           |   |
| SUBJECT ABBR                                  |                      |                  |   |         |           |   |
| COURSE NO. CRN                                |                      |                  |   |         |           |   |
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| SUBJECT ABBR                                  |                      |                  |   |         |           |   |
| COURSE NO. CRN                                |                      |                  |   |         |           |   |
| BOOKS & SUPPLIES RECOMMENDED BUT NOT REQUIRED |                      |                  |   |         |           |   |
| SUBJECT ABBR                                  |                      |                  |   |         |           |   |
| COURSE NO. CRN                                |                      |                  |   |         |           |   |
| SUBJECT ABBR                                  |                      |                  |   |         |           |   |
| COURSE NO. CRN                                |                      |                  |   |         |           |   |

COURSE TITLE \_\_\_\_\_ SCHOOL \_\_\_\_\_

APPROVED BY & INSTRUCTOR \_\_\_\_\_ EXT. \_\_\_\_\_ CAMPUS ADDRESS \_\_\_\_\_ SECRETARY \_\_\_\_\_

DEPARTMENT HEAD \_\_\_\_\_ DATE REQUIRED \_\_\_\_\_