

Faculty Video/DVD Request Form

Please print this form and fill it out as completely as you can. Of particular importance are information about distributor(s) and reviews and evaluations of the program. Attach distributor and descriptive material, if possible. Then **submit the form to your department**. Departments will prioritize all requests and submit them for action by the University Libraries.

CONTACT INFORMATION

Today's date

Professor's name

Name of person filling out this form if not the professor

Daytime phone

E-mail address

Department

ORDER INFORMATION

(Use a separate form for each title. Please include as much of the information requested as possible.)

Priority number assigned by department

Title

Distributor

Distributor address

Distributor phone

Distributor email

Format (DVD, VHS, etc)

Date released

Listed price

Have you personally reviewed this title? (Yes/No)

Is your department willing to share 50/50 to purchase this title? (Yes/No)

(SEE NEXT PAGE)

USE INFORMATION

Course(s) in which this title will be used. Include #.

How frequently is this course offered?

- Every semester
 Once a year
 Occasionally

What is the typical class size?

- More than 100
 50 - 100
 Less than 50

DEPARTMENT EVALUATION GUIDELINES

1. Please rank faculty requests numerically and note this in the space provided on each request form submitted by your department.
2. Will your department share 50/50 in the purchase of desired programs? Please list THE SPEEDTYPE NUMBER and THE ACCOUNT NUMBER to charge your part of the costs to:

Speedtype Number

Account Number

3. Are there any other factors that you would like the evaluators to consider?

Please send this final recommendation along with the completed set of faculty request forms to **Phil Wrede, Access Services, 184 UCB**, by **NOVEMBER 7** for use in the coming spring semester and by **MAY 15** for use in the coming fall semester.