

<b>DEPARTMENT</b>

# Ryerson University Campus Store

## TEXTBOOK ORDER FORM

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<input checked="" type="checkbox"/>	<b>DEADLINE DATE</b>
<input type="checkbox"/>	Fall Term May 31
<input type="checkbox"/>	Winter Term Oct. 15
<input type="checkbox"/>	Spring Term Mar. 31
<input type="checkbox"/>	Summer Term May 1

*Please fill in all unshaded areas and print clearly*

Click text fields to edit

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TITLE: _____			
AUTHOR: _____		PUB: _____	
ISBN: _____			
COURSE #: DAY _____	QTY REQ'D: _____	BOOK IS:	Click box to checkmark
COURSE #: NIGHT _____	QTY REQ'D: _____	REQUIRED <input type="checkbox"/>	DATE REQ'D *
		OPTIONAL <input type="checkbox"/>	<input type="text"/>

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TITLE: _____			
AUTHOR: _____		PUB: _____	
ISBN: _____			
COURSE #: DAY _____	QTY REQ'D: _____	BOOK IS:	Click box to checkmark
COURSE #: NIGHT _____	QTY REQ'D: _____	REQUIRED <input type="checkbox"/>	DATE REQ'D *
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TITLE: _____			
AUTHOR: _____		PUB: _____	
ISBN: _____			
COURSE #: DAY _____	QTY REQ'D: _____	BOOK IS:	Click box to checkmark
COURSE #: NIGHT _____	QTY REQ'D: _____	REQUIRED <input type="checkbox"/>	DATE REQ'D *
		OPTIONAL <input type="checkbox"/>	<input type="text"/>

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COURSE #: NIGHT _____	QTY REQ'D: _____	REQUIRED <input type="checkbox"/>	DATE REQ'D *
		OPTIONAL <input type="checkbox"/>	<input type="text"/>

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**ATTENTION ALL FACULTY MEMBERS:**

- During each term, overstocked textbooks will be returned to the publishers on the following dates:  
 (A) FALL TERM - After November 1      (B) WINTER TERM - After February 15
- Should you require textbooks to be held beyond the above dates, please notify the Bookstore at your earliest convenience.
- If a potential conflict of interest occurs between author, supplier and instructor, please refer to Policy # 1-442 on the reverse.
- Unless otherwise specified, we order the latest edition and paperback versions.
- \* Fill in this area if you require the book to arrive on a day other than the beginning of the semester.

CHAIRPERSON'S SIGNATURE REQUIRED: \_\_\_\_\_

NAME OF PROFESSOR:	TELEPHONE #:	SUBJECT AREA SUPERVISOR:	TELEPHONE #:
SIGNATURE:	DATE:	SIGNATURE:	DATE: