Main Library Reserve Room **ERES CHECKLIST** List No:_____

***Course Instructors**: Please complete the requested information that is typed in **ALL CAPS** and in **BOLD** on the **left-hand** side of the page (the columns on the right-hand side are for Reserve Room staff records).*

_____
(INSTRUCTOR'S LAST NAME, FIRST NAME)

_____
(DEPARTMENT AND COURSE NO; COURSE TITLE)

Course page password**:**_____

Date instructor notified:_____
(about password and availability of items)

Date items checked for quality. Highlight items needing to be re-scanned. Date when re-scan done.

AUTHOR'S LAST NAME, TITLE OF DOCUMENT (note: this entry will appear on your ERes course page as a link to the scanned pages)	**#PP**	Filename	Date Sent	Tran	Act	Date

AUTHOR'S LAST NAME, TITLE OF DOCUMENT (note: this entry will appear on your ERes course page as a link to the scanned pages)	**#PP**	Filename	Date Sent	Tran	Act	Date