

JOHNS HOPKINS UNIVERSITY BOOK CENTER

COURSE BOOK INFORMATION REQUEST

Term _____ Est. Enrol _____ Professor _____ E:mail _____
 Department Language Teaching Center Course # _____ Office Phone _____ Fax 516-8008
 Section ____ Location HW Continuation Class _____ Dept. Contact Carol Young Phone 516-4466

Please fill in the information below.

NO TEXT REQUIRED FOR THIS COURSE

Course Name: _____

BOOK NUMBER	AUTHOR	TITLE	PUBLISHER	EDITION	ISBN	REQ'D or REC
1						
2						
3						
4						
5						
6						

Will you be using any of these titles again? _____ If so, what book number(s) and Term? _____
 (We will send you a confirmation before that term.) Would you like to be contacted about using a customized Course Pack? _____

Are there any special supplies or software titles your students will need or anything else we need to know about this course?

PLEASE CONTACT US VIA PHONE: 410-662-5850

FAX: 410-662-5858

E-MAIL: johns-hopkins@bkstore.com or bookstore@hd.jhu.edu

Thank You !