



UVA Copy Centers COURSE PACKET INFORMATION

Date: _____ Professor/Instructor: _____

COURSE #: _____ COURSE NAME: _____

IS THIS PACKET A REPRINT?: _____ IF SO, WHAT SEMESTER LAST USED: _____

SEMESTER: _____ # OF STUDENTS: _____ # OF DESK COPIES: _____

WORK PHONE #: _____ HOME PHONE #: _____

E-MAIL: _____

Packet production info:

TYPE OF BINDING (GBC,velo, tape, coil): _____

COVERS (standard, custom, etc): _____

SINGLE OR DOUBLE SIDED: _____

SPECIAL INSTRUCTIONS INFO NEEDED:

OFFICE USE ONLY

Copyright approval(s) required: _____ Date faxed to CCC: _____ File updated: _____

CCC Request ID: _____ Date Copyright disapproved: _____

Date Copyright approved: _____ Date professor approved with Copyright \$\$: _____

Total copyright fees charged Bookstore: _____ Date copied: _____

Date "Desk Copies" delivered (attached signed delivery slip): _____