

TEXTBOOK ORDER FORM

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INSTRUCTOR: _____ OFFICE ADDRESS: _____ PHONE #: _____

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BOOKS FOR _____ SEMESTER, 20 ____ (THIS FORM COVERS ONE SEMESTER ONLY) DEPT.: _____ COURSE #: _____ SECTION #: _____

EST. NO. OF BOOKS NEEDED	AUTHOR	TITLE/ EDITON/ YEAR	ISBN #	PUBLISHER

RECOMMENDED, BUT NOT REQUIRED

PLEASE EMAIL YOUR FINALIZED COPY OF THE FORM TO UBS-TEXTBOOKS@UIOWA.EDU ATTN. BILL HOCKENSMITH, SEND PHYSICAL COPY VIA CAMPUS MAIL, OR DROP OFF IN THE IOWA HAWK SHOP/UNIVERSITY BOOK STORE OFFICES AT THE IOWA MEMORIAL UNION.
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 WILL SOME STUDENTS ALREADY HAVE THIS TEXT FROM A PREVIOUS SEMESTER? _____

 INSTRUCTOR SIGNATURE

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