

Seminary Co-operative Bookstore, Inc.

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Course Book Order Form

Term: _____, 20_____ Date _____

Instructor First Name _____ Last Name _____

Contact Information: Email _____ Phone _____

Co-Instructor First Name _____ Last Name _____

If you are not the instructor/co-instructor, please identify your relationship to the instructor by checking the appropriate box. Also, please provide your name and contact information: Colleague Secretary T.A. R.A.

First Name _____ Last Name _____

Email _____ Phone _____

Department _____ Course Number _____ Section Number: _____

Course Title _____

Anticipated Enrollment _____ Are you placing this order exclusively with the Seminary Co-op? Yes No

If this is an addition or correction to an order which has already been submitted, please check the box:

For future course book orders, how would you prefer to be notified? Email Faculty Exchange

Please provide us with as much information about your order as possible.
Please list the books in the order which they will be used and indicate,
for your first readings, if the title will be used in the first two weeks of the term.

Author	Title	Publisher	ISBN (if known)	Usage
_____	_____	_____	_____	<input type="checkbox"/> Required <input type="checkbox"/> Suggested ----- <input type="checkbox"/> 1st/2nd Week
_____	_____	_____	_____	<input type="checkbox"/> Required <input type="checkbox"/> Suggested ----- <input type="checkbox"/> 1st/2nd Week
_____	_____	_____	_____	<input type="checkbox"/> Required <input type="checkbox"/> Suggested ----- <input type="checkbox"/> 1st/2nd Week
_____	_____	_____	_____	<input type="checkbox"/> Required <input type="checkbox"/> Suggested ----- <input type="checkbox"/> 1st/2nd Week
_____	_____	_____	_____	<input type="checkbox"/> Required <input type="checkbox"/> Suggested ----- <input type="checkbox"/> 1st/2nd Week

