



FACULTY REQUEST TO ASSIGN THEIR OWN TEXTBOOK FORM

Faculty Name: _____

Department: _____

College / School: _____

Course Title: _____

Title of Book: _____

Semester: _____ Date: _____

AFFIRM:

This book is properly copyrighted by me or the publisher.

This book is available for open sale.

I will not sell this book directly to students.

To the best of my knowledge all of the above information is complete and accurate.

Faculty Member

Date

In approving this, the following certify that the request is within the context of approved policies and that the documentation of this request, per CSN policy, will be maintained by the Office of the Dean for two (2) years.

Dept. Chair / Director

Date

Dean

Date

IF PERMISSION IS REFUSED, PROVIDE REASON(S) BELOW:

Signature

Date