

TEXTBOOK ADOPTION FORM

Department:

Course Title:

Instructor:

Term:

Course Catalog Number:

Section(s):

Synonym Number(s):

Number of students per section:

AUTHOR	TITLE	ISBN	EDITION	<small>NEW</small> EDITION OK?	PUBLISHER	REQUIRED?	<small>Store use – leave blank</small>
				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

SUPPLIES/MATERIALS NEEDED (Please be specific): Required or Optional **Qty needed:**

SIGNATURE: DEPT. COORDINATOR/DEAN