



Sur University College
Learning Resource Centre (Library)

LRC Requisition Form

Ref /2016

Name of the Member	
Department/ ID No.	
E- mail Address	

Requested Material Details:

No.	Title	Author/Editor	ISBN	Publisher	Price	Remarks

Date of Request : _____

Signature of the Member : _____

Approved by Head of the Department: _____

Approved by Dean : _____