Please fill out form for each class notes packet and send to Printing & Mailing Services. Use a Printing brown wallet envelope or send to the address listed above.

INSTRUCTOR INFORMATION:

Name:_________________________________________________ Department:__________________________________

Campus Address:_________________________________________________________ Phone: ____________________

CLASS INFORMATION:

Course Number:_____________________________________________ Approx. Number of Students: ______________

Class Title:___________________________________________________________________________________________

Terms Offered:  ○ Fall  ○ Winter  ○ Spring  ○ Summer  Year:____________________

Packets are:  ○ Required  ○ Optional

Copyrighted material:  ○ Yes  ○ No

COPY INFORMATION:

○ Copy on both sides of the paper (two sided copies are recommended)
○ Copy on one side of the paper
○ Put page number on
○ Keep on file for future use
○ Cover
○ Front
○ Back
○ Color:___________________________________
○ Send originals back_____________________
○ Send desk copy(ies)_____________________

BINDING:

○ Three hole drill
○ Staple upper left
○ Staple two on the side
○ Comb binding
○ Thermal tape
○ Shrink wrap
○ Coil binding

ANYTHING ELSE YOU WOULD LIKE US TO KNOW?

________________________________________________
________________________________________________
________________________________________________
________________________________________________

SPECIAL HANDLING