

Philadelphia University Academic Achievement Program

Lending Library Form

Name: _____

Campus Box: _____

Semester: _____

Address: _____

Telephone: _____ Alternate Number: _____

Major: _____

Class:

- First Year
- Sophomore
- Junior
- Senior

Expected Year of Graduation: _____

Book Request:

Course Number	Course Title	Instructor
1 st Choice		
2 nd Choice		