



IUP University Printing Center

COURSE PACK INFORMATION

Date: _____ Professor/Instructor: _____ SEMESTER: _____

COURSE #: _____ COURSE NAME: _____

OF STUDENTS: _____ IS THIS REQUIRED MATERIAL? _____ DATE NEEDED: _____

IS THIS A REPRINT?: _____ IF SO, WHICH SEMESTER?: _____

CAMPUS PHONE #: _____ ALTERNATE PHONE #: _____ E-MAIL: _____

OF INSTRUCTOR COPIES: _____ SAP# TO BILL: _____ (for additional instructor copies)
(If requested, 1 Instructor copy is included at no charge)

COURSE PACK PRINTING INSTRUCTIONS

TYPE OF BINDING (GBC comb, 3-hole punch, Tape bind or none): _____

FRONT AND BACK COVERS (choose from below): _____

STANDARD: Cardstock any color, please specify (Default-white)

OTHER: Please specify

SINGLE OR DOUBLE SIDED: _____ FULL COLOR COVER, Y/N?: _____

SPECIAL PRINTING INSTRUCTIONS IF NEEDED:

OFFICE USE ONLY

Request #: _____ Department: _____ Clearances Ordered: _____

Copyright approval(s) required: _____ Date sent to CCC: _____ Date cost approved: _____

Date Copyright approved: _____ Date Copyright disapproved: _____

Per Copy: _____ Date copied: _____

Date Instructor copies delivered: _____ (Attach signed delivery slip)