

Liaison Librarian: \_\_\_\_\_

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### SUBSCRIPTION REQUEST FORM

Periodical Title: \_\_\_\_\_

Subject Area(s): \_\_\_\_\_

Faculty Member(s): \_\_\_\_\_

( ) New Title ( ) Replacement Title

Specific reasons for acquisition: \_\_\_\_\_

\_\_\_\_\_

Courses title covers: \_\_\_\_\_

\_\_\_\_\_

How title will be used: \_\_\_\_\_

\_\_\_\_\_

Please return form to **Jamie Mallory** ([Jamie\\_L\\_Mallory@Cornerstone.edu](mailto:Jamie_L_Mallory@Cornerstone.edu))

***For library use only:***

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GRAULS \_\_\_\_\_

Peer review journal: \_\_\_\_\_ Date journal first published \_\_\_\_\_

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