

HUNTER ACADEMIC SUPPORT UNIT

REQUEST FORM

PLEASE NOTE: MINIMUM OF 48 HOURS NOTICE IS REQUIRED

This work relates to: Teaching Research Admin Projects Other (please specify) _____

Cost Collector Code: 10-10278 or Other (please specify) _____

Copyright compliance checked (please tick if applicable)

Submitted by: _____ Telephone: _____

Date submitted: _____ Date required: _____

No. Original copies: _____

Description of Work: eg. Title, EDUC Code _____

Copies per original: _____

PHOTOCOPYING: Double Sided Single Sided Collated Stapled Binding

OTHER: Group Emails Class Lists Website Scanning Assignment Related

INSTRUCTIONS:

Work completed by: _____ Date completed: _____