



Mathematics Department

Textbook Order Form

Instructor Name: _____

| Qtr | Course | Book Name | Ed. | Author | ISBN | Required? | | Desk Copy? | |
|-------|--------|-----------|-------|--------|-------|-----------|----|------------|----|
| _____ | _____ | _____ | _____ | _____ | _____ | Yes | No | Yes | No |
| _____ | _____ | _____ | _____ | _____ | _____ | Yes | No | Yes | No |
| _____ | _____ | _____ | _____ | _____ | _____ | Yes | No | Yes | No |
| _____ | _____ | _____ | _____ | _____ | _____ | Yes | No | Yes | No |
| _____ | _____ | _____ | _____ | _____ | _____ | Yes | No | Yes | No |

Comments: