



Faculty Library Instruction Request

Delaware Technical & Community College Library

DELAWARE TECH



Name: _____ **Campus** Terry Wilmington
(Last) (First) (MI)

E-Mail Address: _____ **Owens Stanton**
(Required DTCC e-mail: ex. - jdoe@college.dtcc.edu)

Department: _____ **Phone:** _____

Course Name/Number: _____ **# of Students:** _____

Course Days/Times: _____ **Date/Time Requested:** _____

Alternate Dates/Times: _____ **Requested Class Duration:** _____

Describe assignment, course, skills to emphasize, etc: _____

Fill this form out using your computer (type directly on the form above each line), save it on your computer, then attach the completed form to an e-mail and send it to: terry-library@dtcc.edu Send your questions to: terry-library@dtcc.edu or 302-857-1060

Mail to: Terry Library: Attention Peg Prouse, Delaware Technical & Community College, 100 Campus Drive, Dover, DE. 19904