

Audiovisual Material Recommendation Form

This form may be used by the Academic Staff only

Date: _____

Name: _____

Department: _____

Course: _____

Main usage of material: _____ (e.g. Teaching, Research, etc.)

If teaching, is this material on a student reading list? Yes _____ No _____

If yes, please give the Course Code _____

Material details

Format: (Videotape, Cassette, CD, etc.) _____

Author(s)/Editor(s):

Title:

Publisher:

Other details:

How many copies (if more than 1): _____

For Library use only

Contact details of publisher:

Price: