

# VTC Libraries

## Please type / write legibly

***(Please complete all information and submit this forms with trade catalogues or flyers to speed up the ordering)***

**Library Material Recommendation Form**

**Type of material:**

|  |  |  |
| --- | --- | --- |
| □ BookListed in the current course syllabus as a textbook □ Yes □ No | □ Periodical | □ Audio-Visual MaterialTo purchase in complete set□ Yes □ No |

**To check information on:**

* VTC Library collection: <https://vtc.summon.serialssolutions.com/>
* Bowker’s Global Books in Print:<http://eproxy.vtclib9.vtc.edu.hk:2048/login?url=http://www.booksinprint.com>

**Author (Surname first) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Publisher/Producer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Publication year \_\_\_\_\_\_\_\_ Edition \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Price (with currency) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ISBN/ISSN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**No. of copies required for your Library \_\_\_\_\_\_\_** **Recommendation valid until\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## No. of copies available in your Library (if known) \_\_\_\_\_ HOLD the recommended item: □Yes □No

(Online catalogue [https://vtc.summon.serialssolutions.com/)](https://vtc.summon.serialssolutions.com/) **HOLD the first available copy:** □**Yes** □**No**

If your item cannot be supplied within 12 months, would you like to cancel it? □ Yes □ No

If not, how long would you like to keep your recommendation for? □ 1 year □ 2 years

**Other information\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Recommended by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Campus & Dept. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Full Name & Post)

**Date \_\_\_\_\_\_\_\_\_\_\_ Contact phone no. \_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Notes:

The information collected from you in this form will be used for the purpose of new book recommendation and will be kept for a period of 3 years from the date on which your recommended item is received.

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## Reply from HoD / HoD designated person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Signature)

□ Request supported □ Request not supported Remark**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**FOR LIBRARY USE**

 **No. of copies available in**

□CW □HW □DILWL □ST □KC □KT □TY □MH □TM □YC( ) □THEi

## Recommendation received on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Order date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_