

HPU Libraries

Library Resource Recommendation Form

We encourage students, faculty, and staff to recommend resources for purchase or subscription by completing this 2 page form.

- Fill out the form as completely as possible
- Requestor must
 - Contact the appropriate [Subject Specialist](#) for pricing
 - Obtain the necessary approvals
 - Forward the approved request to the appropriate [Subject Specialist](#)

Databases & Journals

Database and journal subscriptions require a significant ongoing financial commitment by the University. For several years, the library's operating budget has been flat, while journal and database costs have steadily risen by 8% to 12%, annually.

Before committing to a new subscription:

- The requesting faculty member, Program Chair and Dean, in consultation with the subject specialist, must identify existing subject/college-specific subscriptions of equal or greater cost for cancellation.
- Program Chairs and Deans may also commit to using college/department funds for new subscriptions that would be managed by the Libraries.
- Please note that subscriptions begin on the calendar year.

Media

The Libraries are able to purchase instructional media using your college/department funds. Fund, org, account, and program codes must be provided.

RESOURCE DESCRIPTION

Format	<input type="checkbox"/> MEDIA	<input type="checkbox"/> DATABASE	<input type="checkbox"/> JOURNAL	<input type="checkbox"/> OTHER
Title:				
Author/Editor:		Edition:		
ISBN/ISSN:		Publisher :		
Date of Publication:		Series:		
No. of volumes:	Price:		Other info:	
Priority: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3			Notify when available? <input type="checkbox"/> Y <input type="checkbox"/> N	

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REQUESTOR INFORMATION

Name:	Dept:
HPU Email Address:	Phone Number:

RECOMMENDED FOR

Course:	Number of sections:
Semester:	Is this course offered every semester?
Number of students:	

IF REQUESTING A DATABASE OR JOURNAL

We, the undersigned, have identified subject/college-specific subscription(s) of equal or greater cost for cancellation.

Name of subscription(s): _____

OR

We, the undersigned, are committed to paying for the ongoing subscription with departmental funds.

Fund #	Org #	Acct #*	Program #

*Should be 735040

IF REQUESTING MEDIA

Fund #	Org #	Acct #*	Program #

*Should be 735020

APPROVALS

Program Chair signature: _____ Date: _____

Dean's signature: _____ Date: _____