

MANCHESTER COMMUNITY COLLEGE  
LIBRARY

**Library Instruction Request Form**

**Date of request:** \_\_\_\_\_

Preferred date/time for session: \_\_\_\_\_

Alternate date/time for session: \_\_\_\_\_

Course name and number: \_\_\_\_\_

Professor: \_\_\_\_\_

Contact information:

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Number of students: \_\_\_\_\_

Describe any specific library or writing assignments that you have given to your students:

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NOTE: It is preferable that the requesting Professor attend the session.