Pacific University Oregon

College of Education
Faculty Textbook Adoption Request

Semester: _____

Faculty Name _____

Course _____   Program _____
(Number, title, section)   (MAT, Flex, SPED, AP, UG)

Approximate Enrollment _____   Date Course Begins _____

	Author	Title	Publisher	Edition	ISBN
1					
2					
3					
4					
5					

Special Instructions

_____

Please return this form to the College of Education Program Assistant.