DVD PURCHASE REQUEST FORM

Department __________________________
Name ____________________________
Phone ____________________________

1. **Complete Title of Video or DVD** (one title per form)

2. ____ of ____
   Dept’s Priority for title
   (Ex. 1 of 3, 1 of 5)

3. Circle to indicate format preference    VIDEO    DVD

4. Price $________

5. **Source (producer or distributor and address)** Please attach a copy of the order page and catalog page.

6. **Has this title been viewed?**
   __ YES    Faculty reviewer(s):
   __ NO

7. **Faculty Involvement**
   (List faculty who will use the video)

8. **General Instructional Need(s) To Be Met**
   Describe the instructional situation to be improved by the video purchase--include frequency of use and courses, selections and numbers of students who would benefit from the video. Estimated numbers are acceptable.

Course Numbers  # of sections  Fall/Spring/Summer  Enrollment  Ave./Sect.  Total Students  Year/Course  Total Served

For Library Use
Reviewed__________________  Received__________________
Approved__________________  AV Number__________________

Reasons Not Approved:
____ High cost of video/Not previewed
____ Other Items Higher priority of department and funds expended
____ Requires purchase of additional or specialized equipment for use/storage
____ Is not consistent with established policies for collection development
____ Would be more appropriately purchased using departmental, grant or other funding sources
____ Library currently has videos in this subject area not being used