

UNIVERSITY of NEW HAMPSHIRE

Course Pack Production Request

Date submitted _____ Semester _____

Department _____

Course Number _____ Professor _____

Course Title _____

Est. class enrollment _____ Contact Name _____

Email _____ Phone _____

Address to send complimentary copy: Building _____ Room # _____

No. of TA packs _____ Bill TA packs to Dept. PO# _____ Incorporate in cost of pack

Production Information

Finished pages: 1 sided 2 sided

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Special Instructions: _____

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