

### Request for Library Resources Report

(Please allow at least two (2) work weeks for completion)

Date \_\_\_\_\_

Name \_\_\_\_\_  
Extension \_\_\_\_\_ Email \_\_\_\_\_  
Department \_\_\_\_\_ School \_\_\_\_\_

**Purpose:**  **Accreditation/Reaccreditation**

\_\_\_\_\_  
Acronym and full name of accrediting agency

\_\_\_\_\_  
Web address for agency's Standards of Accreditation

Anticipated date of site visit \_\_\_\_\_

(Please Skip to Section A)

**New:**  **Major**  **Minor**  
 **Concentration**  **Course**

Level \_\_\_\_\_ CIP Code \_\_\_\_\_  
(Gen. Studies/UG/Masters/Doctoral) (If Major, Minor or Concentration)

Full Title \_\_\_\_\_

(Please Continue to Sections A and B)

#### Section A

A suggested list of library resources will be forwarded.  
(An online form is available; or, you may identify requestor and forward lists or publishers' catalogs.)  
**Please allow at least three (3) months for acquisition and processing.**

List all affected Majors, with degree levels and CIP codes . (Insert rows if necessary)

Majors	Level	CIP Code

List all affected Minors, with degree levels and CIP codes . (Insert rows if necessary)

Minors	Level	CIP Code

(Please Continue to Section B)

#### Section B

##### Demographics

Current FTE/Est. Initial 5-Year FTE Projection  
Students \_\_\_\_\_  
Faculty \_\_\_\_\_

##### Support

Developmental/Enhancement Funds:  
 Anticipated \_\_\_\_\_  Currently Funded  
Fiscal Year(s)  
Amount budgeted for Library resources \_\_\_\_\_  
 No additional funds available, budgeted or anticipated