

UNIVERSITY OF WISCONSIN
OSHKOSH

Electronic Textbook Request

Name: _____

Phone: _____ Student ID: _____

Email: _____@uwosh.edu

Semester: **Fall** **Fall Int.** **Spring** **Spring Int.** _____ Undergraduate

_____ Graduate

Summer YEAR: **2016**

Are you registered with Project Success: Yes** No

****We will need a copy of your Project Success AR Card**

List classes for which you are requesting books **or attach a copy of your class schedule with the appropriate classes highlighted**

Note: If you change classes or class sections after submitting this form, you need to contact the Dean of Students office immediately in order to receive the correct books.

How would you like to receive electronic books:

Disc _____ Flash drive (you provide) _____

Return this form to the Dean of Students Office, Dempsey Hall Room 125.

You are responsible for purchasing a copy of each textbook you have requested in electronic form and are required to provide receipt(s) before electronic texts will be distributed.

If you have any questions, please call our office at (920)424-3100.