



LIBRARY DEPARTMENT

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MATERIALS REQUISITION FORM

Reference No:

NAME			DEPARTMENT			
PROGRAMME			ID NUMBER			
SUBJECT CODE			DATE			
PLEASE TICK	<input type="checkbox"/>	BOOKS	<input type="checkbox"/>	MAGAZINE/JOURNAL	<input type="checkbox"/>	DVD/CD-ROM

ISBN	TITLE	AUTHOR	EDITION	YEAR	QTY

\*Note: Any incomplete details of books description will not be entertained. Books recommended are related to the subject offered by the university or MQA standard and for the lecturer/student use.

CATEGORY MATERIAL REQUEST

GENERAL READING	TEXTBOOKS	REFERENCE	REDSPOT
RECOMMENDED BY	VERIFIED BY	APPROVAL BY	CHECKED BY
Name:	Name:	Name:	Name:
Date:	Date:	Date:	Date:
Requestor	Head of Department / Dean of School (HOD)	Deputy Vice Chancellor / Vice Chancellor	Librarian