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MATERIALS REQUISITION FORM

Reference No:

NAME				**DEPARTMENT**					
PROGRAMME				**ID NUMBER**					
SUBJECT CODE				**NO. OF STUDENT**					
PLEASE TICK	**BOOK**		**MAGAZINE/JOURNAL**		**DVD/CD-ROM**		**OTHERS**		

ISBN / ISSN	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 (HOD)**		**Dean of School / Deputy Vice Chancellor**		**Librarian**	