



*Ike Skelton*  
**Combined Arms Research Library**  
**Reference Service Request Form**

Initial intake:

Name: \_\_\_\_\_ Section: \_\_\_\_\_ Today's Date: \_\_\_\_\_

School E-Mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

Personal E-Mail: \_\_\_\_\_

Status: SAMS CGSOC Faculty/Staff Other \_\_\_\_\_

Has your topic been approved by your committee? Yes or No

Is this your 1st research request? \_\_\_ 2nd \_\_\_ 3rd \_\_\_ 4th \_\_\_

Describe your search topic as clearly as possible. Include useful search terms, keywords, and synonyms. Suggest references and resources if you want particular items to be researched. Please write out acronyms.

**Please consult with Reference Librarian before leaving this form at the Reference Desk.**

**Purpose of Research:**

- |   |  |
|---|--|
| <input type="checkbox"/> Monograph        | <input type="checkbox"/> Thesis (circle one)   |
| <input type="checkbox"/> Dissertation     | MMAS Webster Other                             |
| <input type="checkbox"/> Faculty research | <input type="checkbox"/> Short Paper or Speech |
| <input type="checkbox"/> Long Paper       | (2-5 pgs)                                      |
|   | <input type="checkbox"/> Other _____           |

**Time Period Covered:**

- ☐ All Available
- ☐ Last \_\_\_\_\_ years only
- ☐ Other (specify) \_\_\_\_\_

**Reasonable date  
that research is  
needed by:**

\_\_\_\_\_

**Language:**

- ☐ English only ☐ Other Languages: \_\_\_\_\_