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:

- ☐ Monograph
- ☐ Dissertation
- ☐ Faculty research
- ☐ Long Paper
- ☐ Thesis (circle one) MMAS Webster Other
- ☐ Short Paper or Speech (2-5 pgs)
- ☐ Other _____

Time Period Covered:

- ☐ All Available
- ☐ Last _____years only
- ☐ Other (specify)_____

Reasonable date that research is needed by:

_____

Language:

- ☐ English only
- ☐ Other Languages: _____