GASTON COLLEGE BOOKSTORE
Textbook Adoption & Course Supplies Request

Date: ______________

To: Gaston College Bookstore
Department: ____________________________
Division: _______________________

Re: Adoptions for __________________________ Term.

*Please complete this form in its ENTIRETY and return the white copy to the Bookstore no later than _______________. If no text or supplies are required please indicate “NO TEXT” adjacent to the course and section number. Call extension 6428 if you have any questions.

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<tr>
<th>Prefix</th>
<th>Course No.</th>
<th>Section</th>
<th>*AUTHOR, TITLE, ISBN This section MUST be completed</th>
<th>Edition or Copyright</th>
<th>Volume</th>
<th>Publisher</th>
<th>To Be Used Again? Y or N</th>
<th>Check if Required</th>
<th>Number Expected</th>
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Instructions or Remarks to Bookstore __________________________________________________________________________________________________________
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Date/Instructor And/Or Department Chairperson Date