

Din4 College
Book Adoption Request

CIRCLE ONE: **TSAILE** **SHIPROCK** **CHINLE** **CROWNPOINT** **TUBA CITY** **WINDOW ROCK** **ONLINE**

Summer _____ Year	Session 1	Session 2	Ten-Week	Fall _____ Year	1st 8 weeks	2nd 8 weeks	Spring _____ Year	1st 8 weeks	2nd 8 weeks
	Full Semester <i>Circle One</i>				Full Semester <i>Circle One</i>			Full Semester <i>Circle One</i>	

Department _____ **Course Number** _____ **Section Number** _____ **Course Title** _____

Please Indicate Textbook Type Requirement (Check all that apply): New Used eBook Bundle Only Can Be Purchased Separately (For Bundles)

Author(s)	Textbook Title, Edition, Bundles, etc.	ISBN	Publisher	Required Yes / No	Expected Class Size

Special Instructions: _____

Requestor			Contact Information		
_____ Instructor (Print)	_____ Instructor (Signature)	_____ Date	_____ Phone	_____ E-Mail Address @dinecollege.edu	
Department Chair Approval					
_____ Department Chair (Print)	_____ Department Chair (Signature)	_____ Date	_____ Phone	_____ E-Mail Address @dinecollege.edu	
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