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2010 Text Book List

Please return by _____ to _____

Fax No. _____

Email _____

1 Course information

Institution/School/Department _____

Course/Subject Number if applicable _____

Course/Subject Title _____

2010 Course duration:

Sem. 1 only Sem. 2 only Full year

Actual enrolment last year _____

Estimated enrolment this year _____

Internal External

Lecturer _____

Campus Address _____

Ph. _____ Fax _____

Email _____

Please add me to the Co-op mailing list

2 No texts required If no texts required – complete subject and lecturer details, tick here and return form

3 Texts (Essential books which students should have – please include any proposed course notes)

Suggested Quantity	Author	Title	Edition	ISBN	Publisher	Other helpful information e.g. Preliminary Reading, Alternatives, etc.	First date of use in 2010	Will book be used again? When?

4 Course Notes

Suggested Quantity	Author	Title	Edition	ISBN	Publisher	Other helpful information e.g. Preliminary Reading, Alternatives, etc.	First date of use in 2010	Will book be used again? When?

5 Recommended Books (Books which you suggest your students buy if possible)

Suggested Quantity	Author	Title	Edition	ISBN	Publisher	Other helpful information e.g. Preliminary Reading, Alternatives, etc.	First date of use in 2010	Will book be used again? When?

6 Signature _____ Date _____

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