



**Schoolcraft
College**

REQUEST A LIBRARIAN BRADNER LIBRARY

Date: _____

Where would you like the librarian to meet with your class?

- | | |
|--|---|
| <input type="checkbox"/> Bradner Library | <input type="checkbox"/> Livonia Campus |
| <input type="checkbox"/> Radcliff Center | <input type="checkbox"/> PSTC |

Instructor Name: _____

Preferred method of contact:

- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Email: _____ | <input type="checkbox"/> Phone: _____ |
|---------------------------------------|---------------------------------------|

Course Name/Number: _____

Preferred Date and Time for Session: _____

If requesting session for additional sections, list here: _____

Brief description of class assignment/topics

Resources and skills to be covered

- | | |
|--|---|
| <input type="checkbox"/> Library Catalog | <input type="checkbox"/> Research Databases |
| <input type="checkbox"/> Source Citation | <input type="checkbox"/> Website Evaluation |

Will students remain in the library after the session?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Additional information for the librarian:

Please email completed form to library@schoolcraft.edu. A librarian will contact you.