**Supplements Application Form**

**Date:**

**Please specify your request as follows**

|  |  |
| --- | --- |
| Title Adopted | |
| Title |  |
| Author |  |
| ISBN |  |
| School / Department | |
| School |  |
| Department |  |
| Lecturer Contact Information | |
| Name |  |
| Tel |  |
| Email |  |
| Name of course | |
| Course Name |  |
| Name the materials/resources to be used or posted on the password-protected website | |
| Materials | □ Powerpoint □ Test Bank  □ Instructor Manual □ Solutions Manual  □ Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| For How Long (Start and End date) | |
| Duration |  |
| URL for Password-Protected Website | |
|  | |
| Other Remarks | |
|  | |