**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 |
|  |