

Blank Adoption Form MAIN

Term _____
 DIV/DEPT _____
 Course _____
 Course Name _____
 CRN _____
 Professor _____
 Enrollment _____

- # Make sure all of the course/section data listed to the left is accurate.
- # Respond to the questions about this course/section below.
- # Indicate whether each item is required or optional.
- # Add any items you wish to adopt for the current term in the space provided.

In order to allow us to provide the best possible service to your students, please return this adoption form to your **DEPARTMENT SECRETARY** or to the **COCC BOOKSTORE**.

Are there any special instructions for students in this course or section?

This section has no course materials:

This section is a distance learning section:

Author Title	Publisher	ISBN	Edition	CY	Select Option
_____	_____	_____	_____	_____	(R)quired or (O)ptional? <input type="checkbox"/>
_____	_____	_____	_____	_____	(R)quired or (O)ptional? <input type="checkbox"/>
_____	_____	_____	_____	_____	(R)quired or (O)ptional? <input type="checkbox"/>
_____	_____	_____	_____	_____	(R)quired or (O)ptional? <input type="checkbox"/>
_____	_____	_____	_____	_____	(R)quired or (O)ptional? <input type="checkbox"/>
_____	_____	_____	_____	_____	(R)quired or (O)ptional? <input type="checkbox"/>
_____	_____	_____	_____	_____	(R)quired or (O)ptional? <input type="checkbox"/>
_____	_____	_____	_____	_____	(R)quired or (O)ptional? <input type="checkbox"/>

Department Authorization: _____