

**XAVIER UNIVERSITY LIBRARY**  
**LIBRARY ORIENTATION REQUEST FORM**

Instructor \_\_\_\_\_ Date \_\_\_\_\_

Phone Number \_\_\_\_\_ Post Office Number \_\_\_\_\_

Course Title and Number \_\_\_\_\_

\*Number of Students \_\_\_\_\_ Number of Sessions Requested \_\_\_\_\_

Undergraduate \_\_\_\_\_ Graduate \_\_\_\_\_ Other (specify) \_\_\_\_\_

\*\*Date Requested for Orientation (1st Choice) \_\_\_\_\_ Date \_\_\_\_\_

(2nd Choice) \_\_\_\_\_ Date \_\_\_\_\_

---

LIBRARY ASPECTS TO BE COVERED (Select All That Apply)

\_\_\_\_\_ Library Tour \_\_\_\_\_ Periodicals  
\_\_\_\_\_ XAC \_\_\_\_\_ Interlibrary loans  
\_\_\_\_\_ Archives \_\_\_\_\_ CALL Cards  
\_\_\_\_\_ Library Policies (Hours, Loan Policies, etc.)  
\_\_\_\_\_ Electronic Indexes \_\_\_\_\_  
\_\_\_\_\_ Research Skills and Term Paper Assistance \_\_\_\_\_

\_\_\_\_\_ Reference Sources \_\_\_\_\_

\_\_\_\_\_ Subject Specialty \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

Additional information or Comments \_\_\_\_\_

**\*Please use one form per class and attach syllabus or related assignment.**

**\*\*ALLOW 5-6 DAYS PRIOR NOTICE FOR ADEQUATE LIBRARY PREPARATION TIME.**

Return form by Campus mail to: Library Reference Staff  
Library Post Office Box

Or in person to the Reference Librarian.

**Office Use:** Date Received \_\_\_\_\_  
Schedule Date and Time \_\_\_\_\_  
Librarian Scheduled \_\_\_\_\_  
Instructor Notified \_\_\_\_\_  
Room Scheduled \_\_\_\_\_ Room # \_\_\_\_\_