

PULASKI TECHNICAL COLLEGE OTTENHEIMER LIBRARY
Information Literacy Instruction Request



Information
Literacy

Name: _____ Preferred Phone #: _____

Preferred Email Address: _____

Course Title: _____ Class Size: _____

Preferred: Day _____ Date _____ Time _____ for Instruction

Alternate: Day _____ Date _____ Time _____ for Instruction

- Location:** Library IL Classroom 200 (Main Campus)
 Library IL Classroom (LR-South)
 LR-West Computer Lab (Instructor reserves the lab)

Preferred method of communication: Phone Email

Instructors are required to attend the instruction sessions. Please send a copy of your assignment to librarystaff@pulaskitech.edu.

A librarian will contact you within 24 hours to confirm your instruction time and discuss your student learning goals.

Thank you. We look forward to working with your class!

OFFICE USE ONLY

Notes:

Librarian: _____

Date/Time of Instruction: _____

Handouts: Bro. Cat. LC Mag. vs Sch. Pub. Cyc.

Count: _____