Ferris Library Research Consultation Request Form

Requests must be submitted at least one business day in advance.
If you do not know the answer to a question, please enter "unknown" in the appropriate field.

First Name: __________________________ Last Name: __________________________
Email Address: __________________________
Phone Number: __________________________
Are you an off-campus or commuter student? ○ Yes ○ No
How did you hear about this service? __________________________
Course: __________________________
Instructor: __________________________
Was there library instruction for this course? ○ Yes ○ No
Assignment Due Date (YYYY/MM/DD): __________________________
First and second choice of time for consultation (8 a.m. - 4 p.m., Mon. - Fri.)
First choice of time: (YYYY/MM/DD HH:MM) __________________________
Second choice of time: (YYYY/MM/DD HH:MM) __________________________
Describe your topic and/or assignment. List any resources and search terms you have already tried. If you're looking for an idea for a topic, list a few that you might choose.
______________________________
What kinds of materials do you need? (e.g. books, articles, peer-reviewed articles, videos, etc)
______________________________
Is there a librarian you would prefer to work with?
○ No preference ○ Emily Mitchell
○ Stacy Anderson ○ Kristy Mott
○ Scott Adell ○ Fran Pozen
○ Ann Bierkenreuther ○ Randall Schroeder
○ Paul Kammerdiner ○ Dave Scott
○ Mari Kiemel-Canfield ○ Maureen Watson
○ Allison Konieczny
______________________________
Please check this box only if you are a librarian.
□

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