

INFORMATION LITERACY SESSION REQUEST FORM

Dept. Name : _____

HOD Name : _____

Session Date : _____

Session time : _____

Semester : _____

Venue : _____

Requested by HOD/Sign

TO BE FILLED BY LIBRARY DEPARTMENT

Conducted by/Library Staff Names: 1. _____

2. _____

Topics covered: 1. _____

2. _____

3. _____

Remarks by HOD/Teacher after Session:

On recommendations of Chief Librarian: _____

Note: (This request form must be submitted to the **Library Office** for processing)