

## **INFORMATION LITERACY SESSION REQUEST FORM**

Dept. Name : \_\_\_\_\_

HOD Name : \_\_\_\_\_

Session Date : \_\_\_\_\_

Session time : \_\_\_\_\_

Semester : \_\_\_\_\_

Venue : \_\_\_\_\_

Requested by HOD/Sign

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### **TO BE FILLED BY LIBRARY DEPARTMENT**

Conducted by/Library Staff Names: 1. \_\_\_\_\_

2. \_\_\_\_\_

Topics covered: 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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### **Remarks by HOD/Teacher after Session:**

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On recommendations of Chief Librarian: \_\_\_\_\_

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