**Ottawa University, Gangwish Library Information Literacy Instruction Request Form**

**Two Weeks Prior Notification is requested for Information Literacy Session Scheduling**

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| Top of Form  **Please provide the following information:**  **Faculty Member Name:**  **Department:**  **Phone Number:**  **Email Address:**  ***http://www.cedarcrest.edu/library/spacer.gifPlease verify that you've entered your email address correctly.******http://www.cedarcrest.edu/library/spacer.gifYour request cannot be received without a valid email address.***  **Semester: Fall Winter Spring Summer**  **Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Time allotted for library instruction:**  **Subject Area:**  **Emphasis/Expectations:** List that you would like emphasized for purposes of the class assignment (e.g. Internet, Print Sources, Specific Databases). Describe the specific project assigned to students and provide a copy of the assigned project when possible.  (Information Literacy coverage in classes will depend on time available).  Determine the nature and extent of information needed       Variety and types of formats       Cost and benefits of acquiring information  Access information effectively       Effective database/libguide or other search strategies       Extracting and managing information  Critically evaluate resources  Additional specialized information services needed       Copyright and Plagiarism       Annotated Bibliography; Citing Sources       Subject-specific research assignment topic(s).  Other:  **Please provide your class time preferences:**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  | | --- | | **Preferred Date & Time:** | | **Date** |  | | **Time** |  | | **Course Title/No.** |  | | **# of Sessions** |  | | **# of Students** |  |  |  | | --- | | **1st Alternate Date & Time:** | | **Date** |  | | **Time** |  | | **Course Title/No.** |  | | **# of Sessions** |  | | **# of Students** |  |  |  | | --- | | **2nd Alternate Date & Time:** | | **Date** |  | | **Time** |  | | **Course Title/No.** |  | | **# of Sessions** |  | | **# of Students** |  | |     What outcomes do you want to focus on during this Information Literacy instruction session?    Additional Notes/Requests:   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | | | | | | |  |  | | | |  | |  |  | | | |  | | [Privacy & Terms](http://www.google.com/intl/en/policies/) |  | Get a new challenge |  | | Get an audio challenge | | Help | |  |  |   Bottom of Form |