



Tallahassee Community College Textbook Request

Division: _____

Semester: _____

Year: _____

Course ID:		Course Title:	
List the names of Faculty who are participating in the textbook review/selection process for this course.		1.	
		2.	
		3.	
		4.	
		5.	
		6.	

Will you keep current textbook? Yes No

ATTN: Meeting minutes must be attached. Include discussions on affordability and the usage of OER.

Please enter textbook details below:

Author(s):		
Title & Edition:		
Publisher:		
ISBN:		
Date of first use (term):		

Submitted by: _____ Date: _____
Instructor/ Program Chair signature

Approved by: _____ Date: _____
Dean/ Division Director signature

Division Contact: _____ Phone: _____ Email: _____

Please upload this form to the portal.

Note: at least 30 days prior to start of semester in which text will be used.

Certification: This textbook selection complies with TCC Policy 08-08 and all relevant Florida Statute and Administrative Code.