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**COURSE MATERIAL ADOPOTION FORM**

**(Please return completed form 6 weeks before classes begin)**

Term: Instructor:

Date Classes Begin:

Date Classes End:  School: School of Nursing

Course #: Contact Person:

Course Name: Phone #:

Estimated Enrollment:  Fax #:

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| AUTHOR | TITLE, EDITION, ISBN & PUBLISHER | REQUIRED | RECOMMEND |
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