

To : _____
Liaison Librarian
Customer Services Division
IIUM Library

Date : _____

RECOMMENDATION FOR JOURNAL SUBSCRIPTION

DETAILS OF THE JOURNAL:

Title : _____

Publisher: _____ ISSN : _____

Frequency: _____ Price : _____

JUSTIFICATION:

Relevancy of the title in support of courses offered:

Title of courses

No. of students (estimated)

Relevancy to research:

Research area

Researcher

Other reason(s) (if any) :

Requestor

Dean/Head of Department

Name: -----

Recommended

Signature: -----

Not Recommended

Date: -----

Signature: -----

Official Stamp: -----

FOR LIBRARY USE

Received by: LIS / SSIS / STIS / IHSIS*

Signature

Date

Tools referred to:

Availability in collection:
(Call number if available)

Availability in fulltext database:
(Name of database if available)

Local universities that have the journal:

Citation ranking of the journal:

Received by: Serials Services.

Signature

Date

Status report:
.....

Date sent to IS: by*(Initial)*

Decision of Serials Selection Committee (SSC):

Date of meeting:

Subscription APPROVED / NOT APPROVED *

Notes:

.....
.....
.....
.....

Signature

Date

Date sent to IS: by*(Initial)*