



SERIALS SUBSCRIPTION REQUEST FORM

REQUESTOR DETAILS		
Name:		Staff No.:
Dept.:	Kulliyah:	
E-mail:	Signature:	Date:
SUBSCRIPTION DETAILS		
Type of subscription (<i>Please tick (√) where applicable</i>): <input type="checkbox"/> Online Database <input type="checkbox"/> e-Journal <input type="checkbox"/> Print journal		
Title:		
Publisher:		
ISSN:	Frequency:	Estimated Price (<i>If available</i>):
RELEVANCE TO TEACHING & LEARNING		
Course title:	Course code:	No. of students:
BENEFIT & IMPACT (<i>Please describe how the IIUM community could benefit from this subscription</i>)		
1.		
2.		
3.		
RISK FACTOR (<i>Please describe the risks that may be incurred if this request is not approved</i>)		
1.		
2.		
3.		
RECOMMENDATION BY DEAN / HEAD OF DEPARTMENT		
<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended		
Remarks:		
Signature:		Official stamp:
Name:		
Date:		

FOR OFFICE USE

Date received & initial:

Currently subscribed online database(s)/journal(s) that are relevant to the requestor's field/area of teaching *(If available)*: _____

Date of Information Resources Selection Committee (IRSC) Meeting: _____

Decision: [] Approved [] Not Approved

Remarks:

Signature:		Official stamp:
Name:		
Date:		

nsk/sar/KRDS/11.05.2025