APPLICATION FOR LIBRARY PURCHASE OR FULL TEXT ACCESS TO JOURNAL ARTICLE

Sydney Institute of
Traditional Chinese Medicine

Information

1. SITCM Library encourages staff and students to make recommendations for the purchase of library materials and full text access to journal articles.

   a. For **full text access to a journal article**, complete **Section 2. Journal Article Details**.
   b. For **all other library materials**, complete **Section 3. Library Purchase Item Details**.

2. The applications are assessed by Library staff to ensure they are aligned with SITCM Library's Collection Policy: http://www.sitcm.edu.au/current-students/library/library-policies/.

3. Please email this form to: library@sitcm.edu.au with the subject line 'Purchase Recommendation'.

Section 1. Applicant Details

First Name:	Last Name:
Student No.:	Phone/Email:

Section 2. Journal Article Details

Article Title:			
Author(s):			
Journal Title:			
Year:	Volume No.:	Issue No.:	Page Range:
Doi:	URL:		
Relevant Unit of Study (Code and Title):			

Reason for requesting full-text access (attach separate sheet if not enough space):

Applicant Declaration

I declare that the information on this form is true and complete.

➢ **Important Information:** Before submitting your full text article application, check that the article is not available via the Library's databases. You will need to attach your database search to this application.

Signature:	Date:	/	/	
		Day	Month	Year

Section 3. Library Purchase Item Details	
Request for: ☐ Individual research ☐ Learning and teaching, UoS Code:	
Resource type and format preference:	

☐ Text – Electronic	☐ Audio/visual – DVD
☐ Text – Print	☐ Audio/visual – Streaming

Author:	
Title:	
Publisher:	Year of publication:
Edition:	ISBN/ISSN:

Please provide additional information on the value this item will bring to the Library's collection.

Applicant Declaration					
I declare that the information on this form is true and complete.					
Signature:	Date:	/		/	
		Day	Month	Year	

Endorsement (Student Applicant) – UoS lecturer (or Academic Staff if lecturer is unavailable) to Complete					
To be completed by the Unit of Study lecturer (or a SITCM Academic Staff if lecturer is unavailable).					
Endorser's full name:		Position:			
Reason for endorsing this application:					
Signature:	Date:	/		/	
		Day	Month	Year	

Dean to Complete					
☐ Approved	☐ Not approved				
Comments:					
Signature:	Date:	/		/	
		Day	Month	Year	