

RESEARCH CONSULTATION APPOINTMENT REQUEST

Name _____ Today's Date/Time _____

E-mail Address _____ Phone Number _____

Status (Circle One) Under Graduate | Graduate | Faculty | Staff | Gateway Student | Other

Describe any Disability / Accommodations the Librarian should be aware of _____

Have you used the Research Consultation Service before? (Circle One) Yes | No

Related Course Name, Number & Instructor's Name _____

If possible would you prefer Research Consultation by Phone? (Circle One) Yes | No

Purpose of Consultation (Information provided by the requester is used only to help the librarian efficiently prepare for consultation appointments. Appointments are limited to an 1-hour slot & may be shorter during weekends, summers, break times, etc... Arriving 10 minutes or later may cancel or reduce the length of your appointment. If you are unable to make it to an appointment on time, or need to cancel, please contact the Library at 859.572.5456 as soon as possible.)

I am working on a (Circle One) _____ Speech (Number of Minutes _____)

Paper (Number of Pages _____) Other _____

My topic is (Please provide as much detail as possible) _____

I need (number & / or type resources, etc.) _____

My project is due _____

LIBRARY USE ONLY

Initials of Staff taking Request _____ Initials of Librarian Assigned _____

Day of the Week, Date & Time of Appointment _____

Requester's Preferred Day of the Week & / or Date & Time of Appointment Despite Actual Slot Availability _____

Mark the Appointment's Slot on the Outlook Calendar & send a "IM" Reminder (Please, check as completed)



Consultation Feedback ([e-Consultation Feedback](#)) _____

Result of Appointment (Circle One) Completed | No Show | Cancelled | Rescheduled