



College of Dentistry – Reading Room
Book Return Extension Request Form

Date of Request: _____

Beneficiary Name: _____

Mobile Number: _____

Academic/Job Number: _____

Book Name: _____

Book Number: _____

Requested Extension Until: ____ / ____ / ____

I understand that this extension request is subject to approval and that I am responsible for returning the book by the new due date if approved.

Signature: _____