**CDSP TEXTBOOK ADOPTION FORM**

Term:

Please complete ALL entries and return this completed form to **Andrew Rorabaugh** ([arorabaugh@cdsp.edu](mailto:arorabaugh@cdsp.edu))**,** Registrar & Academic Administrator**,** by three months before the term begins.

**This information is requested in order to comply with the Higher Education Opportunity Act of 2008 and to provide students with an option to purchase textbooks online.**

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| Instructor: |  |
| School: | CDSP |
| Course Number: |  |
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| Your email address: |  |

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| **AUTHOR** | **TITLE** | **PUBLISHER** | **(R)equired/**  **(O)ptional** | **ISBN** |
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