



Exam Copy Request Form

(For Instructors and Academic Institutions)

Purpose:

This form allows qualified instructors to request an examination copy of a Spears Books title under consideration for course use.

Instructor Information

- Full Name: _____
- Institution: _____
- Department: _____
- Position/Title: _____
- Institutional Email: _____
- Phone Number: _____

Course Information

- Course Title: _____

- Course Code/Number: _____
- Semester/Term: _____
- Estimated Enrollment: _____
- Decision Date for Text Adoption: _____

Book Information

- Title Requested: _____

- Author(s): _____

- ISBN (if known): _____
- Edition (if applicable): _____

Shipping Information

(Exam copies can only be shipped to an institutional address.)

- Department/Office Name: _____

- Street Address: _____

- City: _____ State/Province: _____
- Postal Code: _____
- Country: _____

Request Policy and Agreement

I understand that:

- Spears Books provides one examination copy per title for review purposes.
- Exam copies are intended solely for evaluation and not for resale.
- If the title is adopted for course use, I may request a complimentary Desk Copy.
- Spears Books reserves the right to approve or decline requests at its discretion.

Signature: _____

Date: _____

Submission

Please submit this completed form to:

orders@spearsmedia.com