University Libraries & Learning Sciences Exhibition Challenge Form

Date: _____________

Name: ____________________________________________________________

Phone number: __________________________ email address: __________________

Address: ____________________________________________________________

Exhibition name: ______________________________________________________

Exhibition location/library: ____________________________________________

What brought this exhibit to your attention:

Have you viewed the exhibit in person? Y/N

What are your specific objections to this exhibit?

What do you want to have happen with this exhibit?

Signature __________________________ Date __________________________

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Internal use only
Date reviewed by Exhibition Committee: ________________

Recommendation to UL&LS administration

Date reviewed by UL&LS Administration: ________________

Decision by Administration: ____________________________________________