Book Choice Form
(for the Astronomy 115 Book Review)

Your Name: ___________________________ Today’s Date: ___/___/

Title of Book: ________________________________________________

Author(s) of Book: _____________________________________________

Year of Publication: _________

Note: The above information should also be included in your book review.

Have you examined a copy of this book yet? _________________

Have you obtained a copy of this book yet? _________________

Where will/did you obtain a copy of this book? _________________

Instructor’s Remarks

___ The book ____________________________ is appropriate to read for this book review. Date ___/___/___

___ Your first choice - ____________________________ -- is not appropriate to read for this book review. Please select another and resubmit this form for approval. Date ___/___/___

___ Your second choice - ____________________________ -- is not appropriate to read for this book review. Please select another and resubmit this form for approval. Date ___/___/___