



ACCESS APPLICATION BOOK LOAN PROGRAM

Name: _____ ID: _____ Date: _____

E-mail: _____ Phone: _____
(Home) (Cell)

Address: _____

You must attach the following to be considered for the loan program:

1. Current class schedule of 9 or more units. Students can *print their class schedule from MyWebServices*.
2. Mission College Bookstore printout of the books you need. Print your book list at <http://mc.bncollege.com>

****Please check if ACCESS has the books at the website below. Record the Inventory number on page 2 of this application: http://missioncollege.org/student_services/access/documents/BOOK_LOAN_LISTING_Final.pdf**

Statement of Need (Please print very clearly):

Requirements of all students: (Please initial before each item)

1. _____ I am **enrolled** in or have successfully **completed ACCESS Orientation** (Counseling 102).
2. _____ I have **completed** at least **six (6) units** at Mission College.
3. _____ I have a **cumulative GPA** of at least **2.0**, and I am not on **academic probation**.
4. _____ I have provided a copy of my current academic schedule showing full-time enrollment in **9* or more units**. (**Except for Summer and Winter session*)
5. _____ I understand the book(s) will be loaned for one (1) semester and **will be returned on or before the due date (last day of classes)**.
6. _____ **Should I withdraw** from any class for which I received a book, the loaned book(s) will be **returned immediately**.
7. _____ **I will not write in, highlight, or mark the book(s)** so other ACCESS students can borrow them.
8. _____ **I will be responsible for any damages** to the book(s). I understand that if I do not return the book(s) by the **due date** (last day of classes), or if I do not uphold my responsibilities, my grades, transcripts, and my ability to register for classes **will be placed on hold**.
9. _____ **I will provide accurate information** regarding my address, email, and phone number(s). I am required to notify ACCESS **within three (3) days of any change** to my personal information.
10. _____ Book(s) return **Due Date:** _____

By signing below, I am verifying that I am at least 18 years old and an enrolled student at Mission College, and that I agree to the terms above.

Signature: _____ Today's Date: _____

Book(s) Returned: _____
Date)

Books Requested

Attached Mission College Bookstore Printout

Recorded Book Loan Information Below

Book One (1)

Course Title & Number: _____

(from your course schedule)

ACCESS Inventory Number: _____

(from the online ACCESS Booklist)

Book Two (2)

Course Title & Number: _____

(from your course schedule)

ACCESS Inventory Number: _____

(from the online ACCESS Booklist)

Book Three (3)

Course Title & Number: _____

(from your course schedule)

ACCESS Inventory Number: _____

(from the online ACCESS Booklist)

OFFICE USE ONLY!

Received by: _____ Date: _____
(Staff Member's Signature)

RESERVED

APPROVED

DENIED

PURCHASED

ENTERED _____

(Initials)

Reviewed by: _____ Date: _____
(Program Director's Signature)

Comments:

Mission College ACCESS Program (C1-117)
EMAIL: access_missioncollege@yahoo.com
(408) 855-5192