



Student's LAST Name: \_\_\_\_\_

Semester: FA WI SP SU Year: \_\_\_\_\_

### 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](http://missioncollege.org/student_services/access/documents/BOOK_LOAN_LISTING_Final.pdf)**

**MANDATORY Statement of Need:** Please write at least two full sentences explaining why you need help with books. (Please print very clearly)

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**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 finals)**.
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 finals), 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.

**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: \_\_\_\_\_  
(Date)

**DUE DATE: Books are due back in the ACCESS Office by the last day of finals.**

# BOOKS REQUESTED

**Students:**

- Attach Mission College Bookstore Printout.
- Enter the ACCESS Inventory Number of each textbook below. Leave remaining sections blank for staff to complete.

**STUDENT**

**FOR ACCESS STAFF USE ONLY**

ACCESS Inventory Number	CHECK OUT			CHECK IN		
	Date or Denied	Status *	Initials	Date	Status *	Initials

**\* STATUS:** Staff, please enter the LETTER below to indicate the status of the book request.

- N = Not Yet Purchased
- R = Reserved
- A = Approved
- D = Denied
- P = Purchased
- E = Entered (please initial form after entering in Spreadsheet)

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Program Director's Signature)*

Comments:

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Mission College ACCESS Program (C1-117)  
 EMAIL: [access\\_missioncollege@wvm.edu](mailto:access_missioncollege@wvm.edu)  
 (408) 855-5192