



# ACCESS APPLICATION CALCULATOR 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 (includes enrollment in a Math Course). Students can **print their class schedule from MyWebServices.**

**Statement of Need** (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 enrollment in **9\* or more units.** (\**Except for Summer and Winter session*)
5. \_\_\_\_\_ I understand a calculator 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 the class(es) for which I received the **calculator**, the loaned **calculator will be returned immediately.**
7. \_\_\_\_\_ **I will be responsible for any damages** to the calculator. I understand that if I do not return the calculator 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.**
8. \_\_\_\_\_ **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.
9. \_\_\_\_\_ Calculator 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: \_\_\_\_\_

Calculator Returned: \_\_\_\_\_  
(Date)

## Calculator Requested

Math Course Title & Number:

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Scientific

Graphic

<b><u>OFFICE USE ONLY!</u></b>	
ACCESS Inventory Number: _____	Serial Number: _____
Received by: _____ <i>(Staff Member's Signature)</i>	Date: _____
<input type="checkbox"/> RESERVED	
<input type="checkbox"/> APPROVED	
<input type="checkbox"/> DENIED	
<input type="checkbox"/> PURCHASED	
<input type="checkbox"/> ENTERED _____ <i>(Initials)</i>	
Reviewed by: _____ <i>(Program Director's Signature)</i>	Date: _____
Comments: _____	

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