

Mt. San Jacinto College District



COOPERATIVE AGENCIES RESOURCES for EDUCATION

Required Textbook Request

Semester

Last Name

First

MI

SID #

@my.msjc.edu

Contact Phone Number

Course/ Section#	Item	Cost of Textbook

\$

Total Amount Requested

Student: The textbook purchased is required or recommended by my instructor. I also understand that the misuse of CARE funds may result in my termination from the CARE program and I may be required to repay funds.

*Your signature indicates you do not have a GAIN voucher and/or you have utilized your EOPS textbook voucher.

Student Signature

Date

Director Signature

Date

TO BE FILLED OUT BY THE CARE REPRESENTATIVE

EOPS Award Used:

Amount Awarded:

Date Sent to MBS:

Unmet Need:

Colleague:

Initials of Care Rep: