

Application Request Form

Students experiencing financial hardships, those who are not receiving financial aid nor have the resources to purchase the required textbooks are encouraged to apply, along with a statement explaining your circumstance.

We hope to have many students borrow these books so please take care of them. We expect books to be returned in a timely manner and in the same condition they were checked out. Please do not highlight or write in the book(s). Please return the book(s) after your assigned reading or **NO LATER** than the end of the quarter checked out.

Please complete and return to Estella Acuña at Chicano Student Programs

CALL: (951) 827-3821; FAX: (951) 827-2189-1260; EMAIL: estella.acuna@ucr.edu; MAIL: 145 Costo Hall, Riverside, CA 925521

Contact Information (Please print legibly):

Name:		
SID #:		
Street Address:		
City:	State:	Zip:
Phone Number: ()		
Cell Phone Number: ()		
E-mail:		

Book Request:

Name of Book :	
Author:	
ISBN Number:	
Publisher:	
Quarter Needed:	<i>RETURN date:</i>

Statement: Please explain your circumstance. (Use additional page if needed)

Student Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Date of Request:	Status of Request: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Date Borrowed:	Date Returned:	Staff Initials:
Condition of Book:		
Checked Out: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Bad	RETURNED: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Bad	
Notes:	Extension: <input type="checkbox"/> Yes <input type="checkbox"/> No	Please fill out extension request

Extension Request

We hope to have many students borrow these books so please take care of them. We expect books to be returned in a timely manner and in the same condition they were checked out.

Book Request:

Name of Book :

Author:

Quarter Needed:

New RETURN date:

Statement: Please state why you need an extension.

Student Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Status of Request: Approved Denied

Date re-borrowed:

Date Returned:

Staff Initials:

Condition of Book:

Checked Out: Excellent Good Fair Bad

RETURNED: Excellent Good Fair Bad

Notes:

Application Finalized: Book Returned

Staff Print: _____

Date: _____

Staff Signature: _____

Notes:

Chicano Student Programs