

## VA Esthetic Sciences Tool Kit Agreement

**Student Name** \_\_\_\_\_

By signing the agreement, I certify that I am requesting a Bookstore account for the purchase of the Esthetic Sciences Tool Kit for \_\_\_\_\_ year quarter.

**I am aware of and agree to the following statements:**

- I understand that the bookstore account is to be used only to purchase the Esthetic kit.
- I understand that the amount of the bookstore account will be the price published in the current tuition and fee list for this program.
- If my VA eligibility is less than 100%, I will be billed for the balance.
- I understand that the failure to pay any balance due will result in a hold being placed on my registration for future quarters, on my transcripts, and/or other services until such time as my debt to the college is satisfied.
- If the debt is not resolved in a timely manner, the account will go to a collection agency.

**Student ID#** \_\_\_\_\_

**Contact number** \_\_\_\_\_

Please provide your MyCC email address \_\_\_\_\_

**Student signature** \_\_\_\_\_

**Instructor Verification of Kit requirement:**

Instructor Name \_\_\_\_\_ Signature \_\_\_\_\_

Kit Identification \_\_\_\_\_ Date required \_\_\_\_\_

Kit Cost \_\_\_\_\_