Equipment Authorization

Name of Student__________________________________________________________
Name of School__________________________________________________________
Degree/Major____________________________________________________________
Semester/Quarter and Year_______________________________________________

The above named student is enrolled in: ____________________________

Course Name and Number

This course is REQUIRED for the above named degree program. He/She is required along with
ALL other students in this class to purchase the following equipment:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Include description, type, model, etcetera

The approximate cost of this equipment is $________________________

Reason for purchase:____________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Instructor’s Name: ____________________________________________ Date:________
Instructor’s Signature: ____________________________ Instructor’s Phone #________