

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: _____

Instructor's Signature: _____ Date: _____

Instructor's Phone # _____

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