



CALCULATOR AGREEMENT

Math and Science Learning Center

SCMA 162

954-5297 or 954-5256

Spring _____ Summer _____ Fall _____

Student ID#: _____

Name: _____
Last First

Address: _____

City, St., Zip: _____

Phone #: _____ Delta Email: _____@mustangs.deltacollege.edu

Other Email: _____

OFFICE USE ONLY	
Date Out: _____ / _____	Staff Initial _____
Date Returned: _____ / _____	Staff Initial _____

Class
MATH _____
(other) _____

Please initial the following:

- _____ 1. The calculator is due back to the Math & Science Learning Center following your **final exam**.
- _____ 2. The Math & Science Learning Center does not provide batteries for the calculator.
- _____ 3. The value of the calculator is \$100.00: If the calculator is lost, stolen or damaged upon return, you will be responsible for the above replacement amount. **Replacement fee is non-refundable**.
- _____ 4. **Failure to return the calculator, OR pay the assessed fees** will result in the following:
- A. **A Registration Hold will be placed on your school records/transcripts**
 - B. You will not be allowed to participate in the Calculator Program

OFFICE USE ONLY
TI-84 Serial #: _____

Signing this contract stipulates you have read, understand and agree to the terms of this agreement.

Signature: _____ Date: _____