

Application for Bookstore Credit Memo

State University of New York
College of Agriculture and Technology
Cobleskill, New York 12043

Please Print:

Record# _____
Office use only

Date: _____

Name: _____
Last First M.I. Student Identification Number

Please provide a daytime contact telephone number: (_ _) _____

Amount Requested \$ _____ (not to exceed \$600.00)

Requested amount must be authorized by Financial Aid or Student Accounts.

Financial Aid Office Use Only (518-255-5623)

Estimated Eligibility for Aid

Bookstore Credit Authorized Amount: \$ _____

Authorized by: _____
Financial Aid Office

Student Accounts Office Use Only (518-255-5539)

TOTAL CREDIT ALLOWED: \$ _____
Student Accounts Representative

I authorize SUNY Cobleskill to disburse the amount shown above to CAS to put into my Bookstore Credit Account for the purchase of my books and school supplies in my name (must have a valid CobyCard to access Bookstore Credit Account). **This amount of Bookstore Credit will be available for use only at Barnes and Noble for my books and school supplies.** Any funds left on this account can be refunded at the end of the semester. All returns will be credited back to this account for a refund at the end of the semester. There will not be any adjustments to this account until the end of the semester.

I agree that my liability for the approved amount of Bookstore Credit is not waived for any reason. I will be held personally liable in the event there is a change in anticipated financial aid and/or payment from any other source.

Note: I understand that I am responsible for payment of purchases made with Bookstore Credit established with this credit memo. I permit SUNY Cobleskill to apply my Financial Aid, if necessary, to cover the payment of items purchased with this credit. I understand that there will be **no refunds or adjustments** until the end of the semester. _____ (must have student initials)

Signature

Date