

## **Book Voucher Agreement**

uden	nt Name:	Student ID#:		
	Select Your Program	Program	Maximum Bo	ook Voucher Amount
		Doctor of Chiropractic	\$	1,000.00
		Masters Programs	\$	800.00
		Undergraduate Programs	\$	400.00
		Certificate Programs	\$	400.00
	Option 1: Student in requesting a Book Voucher to purchase books through Parker University's Bookstore			
1.	I understand that thused to purchase re	is voucher is valid from the first da quired books only.	y of class, through the se	econd Friday of the term and is to
2.		is voucher is for books pertaining t	o currently enrolled class	ses. Copy of class schedule must
3.	attached upon execution.  I understand that I must follow the Bookstore return/refund policy with books eligible for return for credit only (n cash refunds).			
	I understand that this book voucher will be deducted from the overall credit balance from my financial aid, if			
4.		is book voucher will be deducted fi	rom the overall credit ba	llance from my financial aid, if
	applicable.			
<ul><li>4.</li><li>5.</li><li>6.</li></ul>	applicable. I authorize Parker U I understand that I a	is book voucher will be deducted for Iniversity to deduct this amount from In liable for the repayment of this	om my student account b	pased on eligible financial aid.
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Student Signature

Date