MINOT STATE UNIVERSITY

Equipment Check-Out Approval Application

Name_____   Student/Employee ID#_____

Local Address_____City_____ State_____ Zip Code_____

Phone/Cell_____   Email Address_____

Date of application_____   ☐Fall Term   ☐Spring Term   ☐Summer Term

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*Equipment checkout will start at the beginning of each semester, the first day after the date when **Tuition and Fees** must be paid in full.*

Equipment is checked out for a **1-week period ONLY** and must be returned within that period to be inspected. After the equipment is inspected, extensions can be granted for an additional **week** based on availability of equipment and/or waiting lists.

I, _____, hereby, agree to the following guidelines:

_____ Initial	*I must return the loaned equipment within the **1-week time limit**. Failure to comply will result in restriction from registering for classes or accessing your meal plan, receiving financial aid, and/or obtaining a transcript of grades. In addition, a **$700 Fine** will be placed on your account.
_____ Initial	*I must return equipment in the **same working condition** it was checked-out in. In the event the equipment is damaged, lost or stolen, I agree to **replace the equipment** based on fair market value at the time of the loan.
_____ Initial	* I understand that there is GPS tracking software installed on this computer for security reasons and inventory management. If equipment is not returned by the due date, this software will disable the device until returned to the IT Central Office, located in Old Main 108.
_____ Initial	*Equipment will be returned **immediately** if I am no longer associated with Minot State University for whatever reason (withdrawal, suspension, and termination). Failure to notify IT Central staff or return equipment will result in legal action.
_____ Initial	**Note: IT Central installs software that prevents files from being saved on the laptop hard drive and, therefore, is not responsible for any lost files. Please save all documents to your One Drive or on a USB drive.**

Student Signature: _____

Minot State University does not discriminate based on race, national origin, religion, sex, disability, etc. Approval is based solely on verification that requesting student is in "good standing" with the University.

IT Central/Help Desk Staff
108 Old Main – 858-4444

Office Approval:

Date:	_____	**Tuition Paid in Full:**	☐ Yes ☐ No
Name:	_____	**Enrolled in Payment Plan:**	☐ Yes ☐ No
Laptop #:	_____	**Payments Current:**	☐ Yes ☐ No