Electronic Textbook Opt-Out Form

Academic Year: _______________________

Student’s Name _____________________________     _____________________________       _____________________  
Last         First                                      Middle
Student ID (VT Banner No.) _____________________________  Power Campus ID _____________________________

Student E-mail________________________________________  Current Status: [ ] M1     [ ] M2      [ ] M3      [ ] M4

Student Signature: ________________________________________________________      Date:_____________________

I understand this request must be renewed each academic year by the first day of class and once processed cannot be revoked during the current academic year. I have read and understand this policy as stated in the VTCSOM handbook at http://medicine.vtc.vt.edu/student_affairs/handbook/

- The deadline for the electronic textbook fee opt-out option for the academic year is the first day of fall semester classes
- All opt out requests must be filed by the student/account holder. Requests filed by a third party will NOT be considered.

Reason for request:
________________________________________________________
________________________________________________________
________________________________________________________

*Please allow 2 weeks for Accounts Receivable to process your request. Charges will be removed from your account once the request has been processed and will be reflected on your next monthly billing statement.

OFFICE USE ONLY

Charge adjustment amount: ___________________________Academic Year: ___________ Detail Code: _______________ Tnum: ____________ Term: ____________

Processed by: __________________________________________________________ Date: _______________________

VT Carilion School of Medicine Authorization: __________________________________________________ Date: _______________________

Donna Littlepage, Principal Business Officer, VTCSOM

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