

MICROSCOPE RENTAL AGREEMENT

I hereby apply for rental of a microscope from Cornell University Medical College for the 2004-2005 and 2005-2006 academic years upon the following terms and conditions.

1. The rental fee of \$100 will be included on the Fall tuition bill each year.
2. I will be responsible for any theft, loss or damage.
3. I agree to return the microscope in person to the Laboratory Coordinator at a time designated at the beginning of the fourth quarter.
4. If I cannot return the microscope or wish to keep it beyond the designated date of return, I must notify the Laboratory Coordinator and get written permission to keep it.

Any refund will be prorated on a weekly basis from the first day of the academic school year.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE # _____

_____ Class of 20 _____ Medical College

_____ Graduate Student

(signature)

(date)