

NKVTC Student "Buy Back"

Class: Medical Assisting Adults – Spring 2017

Instructor: Mrs. Aydelotte

Student Name _____

Student Mailing Address _____

(Provide an address where your check will be mailed)

Item(s) and price(s) you are requesting for NKVTC to "buy back"

Attach your original receipt please for valuation.

Teacher evaluation for price for reimbursement \$ _____

Teacher Signature _____

Executive Director Signature _____

Please submit form **by July 15** to be eligible for reimbursement.