



EMERGENCY LOAN APPLICATION & PROMISSORY NOTE

Loan Amount (\$1,000 maximum)	
Student Name	
Student ID#	
Program/Graduation Year	
Mailing Address	
City, State, Zip Code	
Telephone #	
Please describe the emergency:	

STUDENT RESPONSIBILITIES (please initial)

_____ I am submitting a completed loan application request to the Bursar's Office. I understand that an incomplete application will not be reviewed for consideration.

_____ I have confirmed with the Financial Aid Office that I have borrowed the maximum amount of loans for this aid year.

_____ I understand that repayment is required within 90 days of approval or upon receipt of any financial aid funds to my student account, whichever occurs first.

_____ I understand that failure to pay my loan within the timeframe mentioned above will result in records and registration holds on my account.

_____ I understand that a late fee of \$10 per month will be assessed on this loan, if approved.

_____ I understand that there are no extensions on this loan should I become unable to pay on the due date.

PROMISSORY NOTE

I agree to the terms listed above. I also agree to have the emergency loan repaid out of my financial aid proceeds on or before ____/____/_____.

I have read, understand, and agree to the terms of this emergency loan.

Student Signature

Date

BURSARS OFFICE USE ONLY

Loan Decision	APPROVED/DENIED Amount:
Processed By	
Process Date	
Loan Repayment Due Date	
Loan Fund	