The University of Texas Health Science Center at Houston

EMERGENCY LOAN APPLICATION

FAX# 713-500-3863 TEL# 713-500-3860

Name (please print)			Student ID I	Number	\$ Amount	School
Reason	for Emergency	Loan:				
Fo		gency loans will o do not have di				
Address	S:street	city	state	F	Phone: ()	
		MERGENCY LOA		·	CKNOWLEDGE	MENT
The Uni	iversity of Texas		Center. Therefore	e, it is imp		between yourself and in conditions for the
		t this is a loan tha http://www.uasco	•	to our ser	vice company, U	niversity Accounting
I	understand tha	t this loan must be	e repaid within 90	days, no	t to exceed the la	ast class date.
1	understand tha	t if repayment has	not occurred by	the due d	ate, there will be	a \$15.00 late charge.
		t a HOLD will be p becomes delinque	•	ecords wi	th the U.T. Healtl	h Science Center if my
I	understand tha	t the entire amour	t plus any penalt	y charges	may be referred	to a collection agency.
I	certify that I am	in good academi	c standing.			
	ndersigned, affir ion process.	m that I have reac	and understand	the condi	tions governing t	he emergency loan
Studen	nt signature (Digita	l/electronic signatures only; Ty	oed signatures are not accep	ted) C	Date	
****** FC	OR OFFICE US		*******		**************************************	********
DA	ATE	_ HOLDS	APUAS	_ AT LE	AST 1/2 TIME	YES/NO
ΤI	IITION DI IE VE	S/NO ACCT#	ΔΝΛ	T APPRA	VED/DENIED ¢	