

The University of Texas Health Science Center At Houston

Office of Student Financial Services

P.O. Box 20036

Houston, TX 77225

713-500-3860 (phone)

713-500-3863 (fax)

**EMERGENCY LOAN
DEFERMENT REQUEST**

A deferment for an emergency loan is granted for a 30 day maximum. Deferments **are not** granted if the emergency loan is **past** due.

Name: _____ Student ID#: A _____

Address: _____

Phone: _____

I am requesting a deferment for my emergency loan(s) for the following reason(s):

Student's Signature

Date

Financial Aid Officer's Signature

Date

For Office use only

Account # _____

Amount _____

Original due date _____

New due date _____

Date Processed _____

Processed by _____