



GRADUATE
SCHOOL OF
ARTS AND
SCIENCES

EMERGENCY LOAN APPLICATION

(PLEASE PRINT LEGIBLY OR TYPE)

FAMILY NAME FIRST MIDDLE EMPL I.D.

LOCAL HOME ADDRESS AND PHONE NUMBER (DO NOT USE YOUR DEPARTMENTAL ADDRESS)

DEPARTMENT EMAIL

Emergency loans are intended to help students with unexpected financial crises. Please indicate the nature of your emergency. If 'other', please explain in the space provided.

ILLNESS OR MEDICAL EXPENSES OR INSURANCE

OTHER

DEATH IN THE FAMILY

LEGAL EXPENSES

FUNDING DELAYS

FAMILY JOB LOSS

Amount requested: \$ _____ (\$1,000 limit)

How do you plan to repay this loan? _____

The above information is true and complete to the best of my knowledge. I understand that any deliberate falsification or fraudulent information submitted will be due cause for the loan to be denied or to become immediately due and payable in full if previously granted. If the loan is not repaid by the due date, I understand that a HOLD will be placed on my registration and I will not receive transcripts or academic records until the loan is paid in full.

APPLICANT'S SIGNATURE

DATE

Are you a new student? Yes No If yes, please obtain the signature of the DGS or department staff member.

DEPT NAME AND SIGNATURE

DATE