

**UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER
STUDENT EMERGENCY LOAN PROMISSORY NOTE AND APPLICATION**

New Students are not eligible for an emergency loan before the commencement of classes and Graduating Students are not eligible for an emergency loan 90 days prior to graduation.

COLLEGE: _____ YEAR IN SCHOOL: _____

NAME: _____ STUDENT ID#: _____

CURRENT ADDRESS: _____

PERMANENT ADDRESS: _____

UNIVERSITY OF TENNESSEE E-MAIL ADDRESS: _____

PERMANENT TELEPHONE NUMBER: _____ CELL # _____

REQUESTED LOAN AMOUNT: \$ _____

There is a \$600.00 loan limit. Any exceptions for a larger amount must be approved by the Financial Aid Office. All outstanding loans must be repaid before another one is issued.

PURPOSE OF LOAN: _____

METHOD OF REPAYMENT: _____

NAME, ADDRESS AND TELEPHONE NUMBER OF TWO REFERENCES:

1. _____

2. _____

I, _____, as Borrower acknowledge the information above is true and correct and promise to pay The University of Tennessee Health Science Center, hereinafter called the University the approved loan amount specified below. I fully understand that the purpose of this loan is to meet emergency needs of the student and the solvency of the fund is dependent on my prompt repayment. Also, I promise to repay this loan no later than 60 days after the date the loan is approved below or sooner at the option of the University or a late fee of \$30.00 will be charged. If the Borrower fails to make the scheduled repayment or fails to comply with any other terms of the Promissory Note, the University may withhold institutional services, such as transcript; if it becomes necessary for the University to initiate legal action, I understand that I will have to pay attorney's fees, plus all court and other costs incurred in collecting the amount due, including fees paid to collection agencies.

SIGNATURE OF APPLICANT

COLLEGE APPROVAL

LOAN AMOUNT: \$ _____

ACCOUNT TO BE CHARGED: ___ College of Health Professions (D070000118)
 ___ College of Dentistry (D070000122)
 ___ College of Graduate Health Sciences (D070000114)
 ___ College of Medicine (D070000113)
 ___ College of Medicine (D070000134)
 ___ College of Nursing (D070000119)
 ___ College of Pharmacy (D070000117)
 ___ Jeddie L. Maxwell Emergency Loan (D070000140)

SIGNATURE OF APPROVAL: _____ DATE: _____

(MUST BE DEAN OR DESIGNEE)

(Requires signature approval of Financial Aid Office if over \$600.00)

For Bursar's Office Use

62 South Dunlap St., Rm 103
Memphis, TN 38163

Check No: _____ Check Amount: _____ (901) 448-5550

Accepted By: _____ Date: _____

I verify that borrower has provided student identification upon request.