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 Number Amount School

Reason for Emergency Loan: _____

All emergency loans will be directly deposited into your bank account.
For students who do not have direct deposit, a check will mailed to the address on file.

Address: _____ _____ Phone: (____) _____
street city state zip

EMERGENCY LOAN INFORMATION AND ACKNOWLEDGEMENT

By applying for an emergency loan you are entering into a legally binding agreement between yourself and The University of Texas Health Science Center. Therefore, it is imperative that certain conditions for the loan are understood. Please read and **initial** the following:

___ I understand that this is a **loan** that must be repaid to our service company, University Accounting Services (UAS). http://www.uasconnect.com

___ I understand that this **loan** must be repaid within 90 days, not to exceed the last class date.

___ I understand that if repayment has not occurred by the due date, there will be a $15.00 late charge.

___ I understand that a HOLD will be placed on all my records with the U.T. Health Science Center if my emergency loan becomes delinquent.

___ I understand that the entire amount plus any penalty charges may be referred to a collection agency.

___ I certify that I am in good academic standing.

I, the undersigned, affirm that I have read and understand the conditions governing the emergency loan application process.

_____ _____
Student signature *(Digital/electronic signatures only; Typed signatures are not accepted)* Date

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FOR OFFICE USE ONLY: APPROVED BY_____

DATE_____ HOLD☐ SAP☐ UAS☐ AT LEAST 1/2 TIME

TUITION DUE ACCT# _____ AMT APPROVED/DENIED $_____