

SCHOOL OF DENTAL MEDICINE  
Emergency Short-Term Loan Request

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ Year: \_\_\_\_\_

Local Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Loan Purpose:

\_\_\_\_\_  
\_\_\_\_\_

Resources for Loan Payment:

\_\_\_\_\_  
\_\_\_\_\_

Please answer Yes or No to the following:

Yes

No

Are you a student in good standing?

\_\_\_\_\_

\_\_\_\_\_

Are previous short-term loans paid?

\_\_\_\_\_

\_\_\_\_\_

Are tuition and fees paid for the prior term?

\_\_\_\_\_

\_\_\_\_\_

I agree to repay the full amount of the short-term loan on or before the due date or present payment in full prior to the disbursement of any financial aid.

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Amount Requested  
(\$400 Maximum)

Student Signature

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**For Financial Aid Office Use Only:**

Prior Unpaid Loan: \_\_\_\_\_ Special Circumstances: \_\_\_\_\_

Prior Delinquency: \_\_\_\_\_

Amount Loaned: \_\_\_\_\_ Program: \_\_\_\_\_

Approval: \_\_\_\_\_

Assistant Dean