Business Affairs Office

Short Term Loan Application

Loan Requests will only be considered on completed forms							
Last Name	First Nam	e		MI	Student ID	Birthdate	
Driver's License or Stat	e Issued ID Number	State	Telephone	-			
Present Address			City		State	Zip Code	
Employer	nployer Employer Address						
Spouse's Name	Address					Telephone	
References							
(Name and address of relat	tive or friend you know who will know	your future resident	e. They must have different a	addresses fror	n each other and from the	e above address)	
Name	Address		City		State	Zip Code	
Name	Address		City		State	Zip Code	
Amount of Loan Requested (including \$15 loan service charge): \$							
Please describe why yo emergency)	u are requesting an em	nergency loa	n. (Provide docun	nentatio	n, and include v	what caused the	
Please describe the purpose the emergency funds will be used for. (Provide documentation)							
From what source will y	you receive funds to re	pay this con	tract? (Cannot be	Financi	al Aid)		
I declare that to the best of my knowledge the information provided above is true, correct, and complete.							
Signature:				Dat	te:		

Please Note: We may contact you for additional information we may need and/or to set up an appointment to discuss the loan.



Business Affairs Office

THIS PAGE FOR BUSINESS OFFICE USE ONLY – DO NOT COMPLETE

Business Office Use Only

AR Balance:	Note:	Due Date on or before:
Appointment Date:	Time:	
Comments:		
Loan Approved: Loan D	Denied:	
Approved by:		Date: