



Emergency Tuition Loan Application

Students who are currently enrolled at the El Paso Health Sciences Center may apply for an emergency tuition loan to cover tuition and fees. Please read this information carefully and submit a signed copy with your short term loan application.

- Students may not apply for an emergency tuition loan less than 30 days prior to graduation.
- Submitting an emergency tuition loan application does not guarantee that the student's classes will be held past the designated drop date for the semester. Students may still be subject to late fees and/or billing fees while the loan is being processed.
- In order to be considered, this loan application must be filled out completely, including the reference information and how the loan will be repaid.
- Failure to return the signed promissory note will result in this loan being cancelled. If this loan is cancelled, additional fees could be added, or your classes may be dropped for non-payment by Student Business Services.
- Failure to repay an emergency tuition loan by the due date will result in a hold being placed on your record. This hold could prevent class registration, transcript requests, and release of your diploma.
- This emergency tuition loan is not considered financial aid. If you wish to apply for financial aid please submit the Free Application for Federal Student Aid (FAFSA) at www.FAFSA.ed.gov.

By signing below I agree that I have read and understand the information stated above.

Student Signature

Student ID Number

Date Signed



**TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™
EL PASO**

Emergency Tuition Loan Application

Student Information

Full Name: _____

Last
First
M.I

Address: _____

Street Address
Apartment/Unit #

City
State
Zip Code

Home Phone: (____) _____ Student ID or Social Security Number: _____

Birth Date: _____ Marital Status: _____ Spouse's Name: _____

Spouse's Employer: _____ Spouse's Work Phone: (____) _____

Reference Information

Full Name: _____

Last
First
M.I

Address: _____

Street Address
Apartment/Unit #

City
State
Zip Code

Home Phone: (____) _____ Alternate Phone: (____) _____

Loan Information

Terms Preferred: (Circle One) 30 Days / 60 Days / 90 Days Amount Requested: _____

How will you repay the loan? _____

Student Signature: _____ **Date:** _____

FOR OFFICE USE

Considered By: _____ Approved Date: _____ Amount: _____ Voucher #: _____

STL Due Date: _____ Terms: _____ %: _____ Prom Note Due Date: _____

Loan Fund & Account: _____

Comments: _____

Please return your application to the Student Affairs Office via:

Mail: TTUHSC El Paso Office of Student Services
5001 El Paso Drive
El Paso, TX 79905

Email: elp.financialaid@ttuhsc.edu
Fax: 915-783-5145