Emergency Loan Deferment Request

The University of Texas Health Sciences Center at Houston Student Financial Services P. O. Box 20036 • Houston, TX 77225

S	tu	der	t II	D	

(713) 500-3860 Studentloancollections@uth.tmc.edu

Student Last Name	First Name	M.I.	Student Email	
Street Address (include apt.	no.)		Phone Number	
City	State	Zip Code	School	

- Deferment requests will be reviewed by the Emergency Loan Committee and may be granted on a case-by-case basis for a maximum of 30 days.
- Deferments are not granted if the emergency loan is past due.

Required Documents:

Emergency Loan Deferment Request form

Deferred Loan Amount: \$_____

_ Denied Reason for denial: _

Documentation necessary to substantiate the circumstances of the deferment request must be submitted at the time the deferment request is made.

Important Information:

- Late payments will affect future advance eligibility and may negatively impact your credit score
- If a deferment is granted, payment is due in full at the end of the deferment period
- Interest may continue to accrue on Tuition Emergency loans during deferment, if applicable

		d/or degrees		
		DEFERMENT REQ	UEST	
Emergency Loan Type: _	Tuition Living Exp	pense Loan Amount:	\$	Receiving Financial Aid?
oan Payment Due Date: _		Expected Graduati	on Date:/_	
Date of last refund:		Amount of last refu	und: \$	
Explain the reason for the E	Emergency Loan Deferme	ent. Attach supporting docun	nentation to support yo	our deferment request.
xplain how you plan to rep	pay the loan.			
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	_			
	_			
		CERTIFICATION AND SIGNA	ATURE	
the undersigned cortify that	t all statements made about		_	rthor affirm that I have road and
		ve are true and correct to the be	est of my knowledge. I fu	
inderstand the conditions go	verning the emergency loa	ve are true and correct to the be	est of my knowledge. I ful to abide by the terms. A	dditionally, it is affirmed, I understand
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Deferment Expiration Date:

Date Borrowed Notified: