

Short-Term Loan / Loan Application

Bursar's Office

One Washington Square

San Jose, CA

95192-0138

Section 1: Student Information		
Name (First and Last):	SJSU ID (9-digit number):	Email:
Local Address(Street, City, State, Zip):		Local Phone Number:
Permanent Address (Street, City, State, Zip):		Phone Number:
Birth date (MM/DD/YYYY):	Driver's License/ID:	Cell Phone Number:
Please state your reason for request of loan:		

Section 2: Reference Information	
Parent's Name (If parent is deceased, please provide another relative):	
Address (Street, City, State, Zip):	Phone Number:
Name of Second Reference (other than already listed):	
Address (Street, City, State, Zip):	Phone Number:

Section 3: Source of Repayment		
<input type="checkbox"/> Work	Name of Company:	Address of Company (Street, City, State, Zip):
	Name of Supervisor:	Phone Number:
<input type="checkbox"/> Financial Aid	<input type="checkbox"/> Other (please describe):	

For Office Use Only

Short-Term Loan			
Loan Fund:	BR Code:	Amount \$	
Administrative Fee BR Code:		Amount \$	
			Total Loan Amount \$
Repayment Schedule			
Beginning:	Amount \$	Ending:	# of Payments:
Approved by:		Date:	
Bookstore Voucher			
Date:	Voucher #:	Amount \$	Issued by:

Agreement

I understand that:

- I received an Short-Term Loan/Spartan Bookstore Voucher and agree to repay my debt on a timely basis as called for in the repayment agreement which was mutually agreed upon by me and my counselor.
- I will contact the Bursar's Office (Short-Term Loan) or the Spartan Bookstore (Bookstore Voucher) prior to the due date if I am unable to repay my Short-Term Loan for any reason.
- Failure to repay in accordance with the repayment schedule will result in a hold placed on my account which will prevent me from obtaining my academic records and any services from the University.
- If I fail to repay this debt, I understand that the University or its' agent has the right to pursue collections in order to repay this debt to the University. If this debt is referred to a private collection agency, I am responsible for any collection costs.
- An Administrative Fee of \$20 will be assessed if I pay after the due date of _____
- It is my responsibility to have read all of the information pertaining to this promissory note.
- I do understand, agree and accept that this debt is an educational loan and will survive any bankruptcy filing on my behalf and will not be discharged by any bankruptcy proceedings.

Signature:

Date:

Receipt of Funds

Funds received by (Print Name):

Signature:

Date: