2025-2026

Student ID

Emergency Loan Deferment Request

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

Emergency Loan deferment requests must be submitted 10 days before the emergency loan is due 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.

DEFERMENT REQUEST

Reason you are requesting an Emergency Loan deferment: _____

_____

Emergency Loan Type: ☐ Tuition ☐ Living Expense

Loan Amount: _____

Payment Due Date: _____

Expected Graduation Date: _____

Are you receiving Federal Student Aid? ☐ Yes ☐ No

Date of last refund: _____

Amount of last refund: _____

How do you plan to repay the loan? _____

Date you anticipate repaying the loan in full: _____

Share any additional information you feel necessary to support your deferment request: _____

_____

CERTIFICATION AND SIGNATURE

I, the undersigned, certify that all statements made above are true and correct to the best of my knowledge. I further affirm that I have read and understand the conditions governing the emergency loan deferment request and agree to abide by the terms of this contract.

Student Signature **Date**

FOR OFFICE USE ONLY

UAS Fund #: _____ **Loan #: 36-**_____ **Amount: $** _____

Original Due Date: _____ **New Due Date:** _____ ☐ **Approved** ☐ **Denied**

Processed by: _____ _____