

Emergency Loan

Promissory Note

Full Name

Last

First

Middle

_____-_____-_____
Social Security Number

Student ID (9 digit number)

By my signature below, I understand that I have been approved for a GSU Foundation Student Emergency Loan for the ___ Fall ___ Spring ___ Summer Semester of _____ in the amount of \$_____ to repaid by ___/___/___ and that the Georgia State University Department authorizing this loan will notify me when the check is available.

By my acceptance of this loan, I understand that it must be paid in full by the due date and I will be unable to register for future classes, obtain grades, order academic transcripts, or receive any other services until this loan is repaid in full. I understand that if the loan is 30 days past due the charges will be added to my Student Account and I will not be eligible for any future emergency loans.

I understand that all payments for my loan must be made payable to Georgia State University Foundation and submitted to the Georgia State University Department authorizing the loan and that I should contact the department authorizing this loan immediately if I am unable to pay as agreed in order to request an extension or revision of due date.

Student's Signature

Date

Witness: Department Contact (signature)
Please print name _____

Date

(GSU Foundation Use Only)

Disbursement

Repayment

Project ID: _____

Check Date: _____

Payment Check # _____

Revised 12/2/19

Check #

Date Received

Amount
