

# UNIVERSITY OF NEVADA SCHOOL OF MEDICINE EMERGENCY STUDENT LOAN PROMISSORY NOTE

This is to verify that I, \_\_\_\_\_ R# \_\_\_\_\_, on this date \_\_\_\_\_ have applied for and received a loan of \$\_\_\_\_\_ from the School of Medicine Emergency Loan program. I promise to repay this amount within ninety days or on \_\_\_\_\_. I understand that failure to repay this loan by the date indicated shall result in a hold being placed on my academic record. This would necessitate in withholding the University of Nevada School of Medicine diploma and all transcript(s), as well as, denial of verification of graduation record for purposes of obtaining medical licensure of hospital privileges. Repeated delinquencies may result in the denial of future loans.

As signer of this note, I severally waive presentment for payment, notice of non-repayment, protest, notice of protest and diligence in bringing suit against any party hereto. If this note should be placed in the hands of an attorney or collection agency, I agree to pay the attorney's fees and all other costs of collection of any unpaid balance still due.

I request that the check be \_\_\_\_\_ mailed to the address below or \_\_\_\_\_ picked up at the University's cashier's office by myself.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address and telephone number

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
UNSOM administrator

05/2007