

UNIVERSITY OF NEVADA SCHOOL OF MEDICINE
EMERGENCY STUDENT LOAN PROMISSORY NOTE

Date: _____

This is to verify that I, _____ (name) _____ (SS#) have applied for and received a loan of \$_____ from the Assistance to Medical Students Fund. I promise to repay this amount on _____ (within ninety days). Failure to repay this loan by the date due shall result in the withholding of University of Nevada School of Medicine diploma and transcript(s). Additionally, failure to repay the loan will result in the denial of verification of graduation record for purposes of obtaining medical licensure or 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 cashier's office by myself.

(address and telephone number)

(student signature)

(UNSOM administrator)