Northeast Ohio Medical University
MEDICINE AND PHARMACY SHORT-TERM (EMERGENCY) STUDENT LOAN APPLICATION

Amount Requested: $_____ **Today's Date:_____**

STUDENT INFORMATION

Name:_____

Student I.D: _____ **Class:** _____

Local Address:_____
Street Address

_____
City **State** **Zip Code**

REPAYMENT PROMISSORY NOTE

Debtor promises to pay the above requested amount along with a $1.00 Finance Charge per every $300.00 to the order of NEOMED at the College's Accounting and Purchasing Department, in lawful money of the United States. Loan amount cannot exceed $1,200.00 per semester and will not be approved if student has an outstanding balance on their student account.

This amount will automatically be deducted from any financial aid or payment placed on the students account. In the event that this loan is made in the student's last term and no financial aid is pending, the amount will be due in full one week before graduation.

If loan is unpaid after 90 days from this note, interest will accrue on the unpaid balance at a monthly rate of 1%.

Debtor signing on top line below acknowledges receipt of copy hereof with applicable blanks completed. Note shall be governed by and construed in accordance with the laws of Ohio in all respects, including matters of construction, validity and performance. Each debtor who is a natural person represents to NEOMED that such debtor is at least 18 years of age.

Each debtor authorizes any attorney at law to appear in any court of record in Ohio or any other state or territory of the United States after this note becomes due, by acceleration or otherwise, and admit the maturity hereof and waive the issuing and services of process and confess judgment against such debtor or any one or more of them in favor of NEOMED or other holder of this note for the amount then appearing due and costs of suit. This is a joint and several warrant of attorney.

ACCOUNTING OFFICE ONLY

LOAN	AMOUNT	LOAN	AMOUNT	LOAN	AMOUNT
Tschantz (EL01/03 37403)		Rienerth/Neumann (EL10/11 37404)		Pharmacy EL (EL04/05 37410)	
Class of 82 (EL20/21 37405)		Women's Faculty (EL30/31 37406)			

TVAAUTH _____ GXADIRD _____ RPAAWRD _____ TSAAREV _____

_____ _____
Signature of Debtor **Authorized Accounting Approval**

_____
Date