

AMY and LESLIE WARE EMERGENCY LOAN

Application & Repayment Agreement

Please allow 48 hours after payment for your hold to be removed.

Last Name:	
First Name:	
SMUID:	
Class:	Grad Date:
Local Address:	
City:	Zip:
Home Phone:	Cell Phone:
EMAIL:	
Amount Requested:	
Explanation of Need:	
Source of Repayment:	
*Funds will automatically be deduct	
School of Law the sum of \$ sum shall be fully payable on or rall reasonable attorney fees and coreasonable attorney fees and cost	ersigned promises to pay to the order of Southern Methodist University Dedma , payable with 0% interest per annum on the unpaid balance. The entire of later than the later than later th
C	IECKS TAKE 7 DAYS TO PROCESS
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APPLICANT SIGNATURE:	DATE:
WITNESS SIGNATURE:	DATE:
APPROVAL SIGNATURE:	DATE:

SOUTHERN METHODIST UNIVERSITY

STUDENT AUTHORIZATION TO CREDIT ACCOUNT

I authorize Southern Methodist University to apply any Federal Title IV financial aid (Stafford Loans, Perkins Loans, Student Grad PLUS Loans, Pell Grants, and Supplemental Grants) toward the payment of current year tuition, fees, room and board contracted through the University, prior year charges up to \$200 or any other charges billed by Southern Methodist University.

"Other charges" include but are not limited to: Orientation Fees, Matriculation Fees, Audit Fees, Return Check/Charge Back Fees, Replacement ID's, Transit Fees, Pony Card, Rotunda, Meadows Arts Series, Sports Pack, Health Center, Graduation Fees, Diploma Fees, Course Fees, SMU Abroad Insurance, Program Costs & Fees, Housing Fees, Payment Plan Fees, Add/Drop Fees, Onsite Late Penalty Fees, Internal Payment Plan Fees, Parking Charges and Fees, Bookstore Purchases, Late and Penalty Fees, Health Insurance and Library Charges and Fines. For a more detailed listing of "other charges", please visit the Financial Information Bulletin located on our website at www.smu.edu/bursar.

I understand that this authorization is voluntary and will remain in effect while I am enrolled at the University. At any time I have the right to cancel this request in writing as it pertains to "other charges" and receive the excess of financial aid as a refund. I agree to pay all "other charges" when billed and due. A request to cancel this authorization should be sent to the address or fax below. This is effective the date the University receives it and will not be retroactive.

STUDENT NAME (Print)	STUDENT ID #	
STUDENT (Signature)	DATE	

RETURN FORM TO: Division of Enrollment Services

Office of the University Bursar

PO Box 750181

Dallas, TX 75275-0181 214-768-4789 Fax

Email: enroll_serv@smu.edu

ATTENTION: For questions/concerns, please contact the Division of Enrollment Services at 214-768-3417.