

UNIVERSITY OF NEVADA SCHOOL OF MEDICINE EMERGENCY STUDENT LOAN PROMISSORY NOTE

This is to verify that I, _____ NSHE ID _____
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 (775.784.6915) by myself.

Street Address

City, State, Zip

Phone

Student Signature

UNSOM administrator