

following the award of the degree. Reimbursements cease should the faculty member separate, for any reasons, from the University prior to full reimbursement.

The Program may be modified to meet specific situations. Whether to make modifications is at the sole discretion of the University. If the University is willing to make a modification, it must be approved, in writing, and signed by the dean, the faculty member, the Provost/SVPAA, and the Sr. VP for Finance and Administration.

REVIEW PROCEDURE

EDUCATIONAL LOAN REIMBURSEMENT PROGRAM AGREEMENT FORM
(THIRD PARTY LENDING INSTITUTION)

Faculty Member Name: _____
ID Number: _____
Department: _____
Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Email: _____
Date: _____

Lending Organization _____

Lending Organization Address _____

Lending Organization Contact _____

Requested Amount of Financial Support from the University _____

Name of borrower(s) on the loan _____

Faculty Member Signature

Date

University Use Only

Total Amount Approved _____

Comments _____

Dean Signature

Date

Provost/SVPAA Signature

Date

Senior VP for Finance and Administration Signature

Date