The Ohio State University
Application for Emergency Loan for New Faculty

Purpose: To provide small loans (up to $1500) for newly appointed regular faculty to meet emergency expenses of relocating to OSU.

_____	_____	_____
Name of Applicant	Rank	Date of Employment
_____	_____	_____
Department	Campus Address	Campus Phone
_____		_____
Local Address		Home Phone

Employee ID_____ Social Security Number_____

Amount of Loan Requested: $_____ Employee ID_____

Statement of Need:

_____ _____
Date of Application Applicant's Signature

_____ _____
Approval-Chairperson/Director Approval-Dean

For Use of Office of Academic Affairs:

The above loan is approved in the amount of $_____.

_____ _____
Date Signature

For Use of Office of Student Loan Services: Check # _____

Date Check Issued:_____ Issued By:_____

Comments:_____

HOLDS/BARS
Any Financial Hold ____NO _____YES/SPECIFY_____ Initials_____