

UNIVERSITY OF MINNESOTA

EMERGENCY ADVANCE APPLICATION

RETURN FORM TO:
One Stop Student Services

DIRECTIONS—Complete this form to be considered for an emergency advance, fully describing your reasons for requesting the advance and signing to verify that you understand your responsibilities as a financial aid recipient. If you have questions, contact One Stop Student Services at 612-624-1111 or 612-626-0701 (TTY).

By mail:
One Stop Student Services Center
University of Minnesota, Twin Cities
333 Robert H. Bruininks Hall
222 Pleasant St. SE
Minneapolis, MN 55455-0239

In person on campus:
333 Bruininks Hall
130 Coffey Hall

By fax:
612-625-3002

To ensure privacy online, open in Adobe Reader (free at Adobe.com). Please add the required signature(s) in blue or black ink.

SECTION A. Student information	
Name (last, first, middle initial)	University ID
Current mailing address (street, apartment or P. O. box number, city, state, ZIP code, country)	Phone (include area code)
Advance amount \$	Term and year for which the advance will be used <input type="checkbox"/> fall 20__ <input type="checkbox"/> spring 20__ <input type="checkbox"/> May/summer 20__
SECTION B. Advance request information	
Please describe your reason for requesting an emergency advance. If needed, attach additional pages.	
SECTION C. Certification	
I verify that I am enrolled at least half-time during the term listed above, as a student at the University of Minnesota, Twin Cities, that I am anticipating financial aid will be paid to my University student account, and that I have completed all of the necessary documentation to receive financial aid. I understand that I am accepting an interest-free advance of funds that must be repaid in full before the last date of the semester for which the advance was granted, and that failure to repay the advance before that time may result in a financial hold being placed on my record and in the accrual of other fees on the advance.	
I agree that my financial aid funds, when disbursed to my student account, may be used toward this advance. I understand that if my actual financial aid disbursement amount is insufficient to repay this emergency advance, I am responsible for the balance due and will be required to repay it to the university, including any late payment or installment plan fees.	
Signature	Date

advance amount \$	One Stop counselor	date	account commented? <input type="checkbox"/> yes <input type="checkbox"/> no
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To request copies of this form in an alternative format, please call the Disability Resource Center at 612-626-1333. The University of Minnesota is an equal opportunity employer and educator. This form is printed on paper made from no less than 20 percent post-consumer waste.

