

Application for Book Loan Outside of Authorization Period

Name: _____ Student ID#: _____

Address: _____

Campus/Center: _____ Phone#: _____

(Check the enrollment term)

Fall Term Spring Term Summer Term Year _____

I am requesting a short-term loan to defer the cost of my books. I understand that this authorization must be used to purchase only required or recommended books and supplies for the classes for which I am enrolled.

Requested Amount \$ _____ *(may not exceed available balance or \$60 per credit hour)

Promissory Note:

I, _____, do hereby promise to pay to Florida State College at Jacksonville for my debt within 60 days. I certify I am in need of this loan in order to commence or complete my education at Florida State College at Jacksonville. **I understand I will be restricted from further registration and my academic transcripts will be withheld until financial aid disburses or until the obligation is paid in full.** I have read and understand the application for the loan and hereby authorize the above named institution to take all necessary actions as set forth in the event I fail to pay the amount borrowed. I understand if I fail to satisfy this debt as required, the debt will be sent to a collection agency. This will result in an assessment of collection costs and the debt will be reported to the credit bureau.

Signature

Date

Approval and Processing:

I verify that I have reviewed the student's schedule and awards and have determined the student is eligible for a book authorization in the amount listed above.

Student Financial Services Staff

Date book authorization submitted to Financial Services Department: _____

Send forms to any **Student Financial Service Campus/Center** or email us at StudentFinancialServices@FSCJ.edu