

APPLICATION FOR SALARY ADVANCE  
ACADEMIC AFFAIRS



TRINITY UNIVERSITY

NAME: \_\_\_\_\_  
(PLEASE PRINT OR TYPE)

DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
CITY, STATE, \_\_\_\_\_  
ZIP: \_\_\_\_\_

SSN: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

AMOUNT REQUESTED:

REASON FOR LOAN REQUEST:

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
MANAGER – LOAN FUNDS, BUSINESS OFFICE  
(PLEASE PRINT OR TYPE)

\_\_\_\_\_  
SIGNATURE – VP FOR ACADEMIC AFFAIRS

\_\_\_\_\_  
SIGNATURE – MANAGER – LOAN FUNDS, BUSINESS OFFICE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE