



Student Loan Request Form 2011 - 2012

If you have not done so, please go to www.studentloans.gov to complete Stafford Entrance Counseling and sign your Master Promissory Note (MPN) using your FAFSA pin number. To retrieve your pin, go to www.pin.ed.gov. Your loan funds cannot be released without the completion of these steps.

NAME _____ DATE OF BIRTH _____
First Name Middle Initial Last Name

SSN _____ TVIN _____ EMAIL ADDRESS _____

PHONE _____
Cell Phone Home Phone Work Phone

LOAN PERIOD _____
(Choose One)

Fall/Spring (8-29-11 to 5-9-12)
 Fall only (8-29-11 to 12-13-11)
 Spring only (1-17-12 to 5-9-12)
 Other (please list name of semester)

Combining Fall & Spring semesters on loan request allows you to receive one check per semester, rather than 1/2 at beginning and 1/2 at mid-semester.

MUST COMPLETE A SUMMER "STUDENT LOAN REQUEST" FORM FOR A SUMMER LOAN TO BE PROCESSED.

LOAN AMT REQUESTED: \$ _____

Maximum Loan Amounts: YEARLY ALLOWABLE AMOUNTS

Freshman Dependent Student	\$5,500 for academic year
Sophomore Dependent Student	\$6,500 for academic year
Freshman Independent Student	\$9,500 for academic year
Sophomore Independent Student	\$10,500 for academic year

Students who receive any grant or scholarship funds MAY not be eligible for the maximum loan amount noted - max usually applies to students not eligible for other financial aid.

FINANCIAL AID OFFICE USE ONLY:

___ Additional Financial Aid	___ Origination	___ Disbursement	___ MPN signed
___ Overdue Account	___ Entered in EDE		___ EC completed
___ Not on Financial Aid Suspension	___ Awd Ltr sent		___ Entered in 12/1
___ Aggregate Limit Checked			___ Entered in 12/15/1



NOTES: Dependent \$31,000 (no more than \$23,000 SUB)
 Independent \$57,500 (no more than \$23,000 SUB)

Budget - T/F Adjustment = Loan COE

Loan Period (Month/Day/Year)		Cost of Education (COE)	SUBSIDIZED LOAN FORMULA
From:	To:	\$ _____	COE - AID - EFC
Grade Level	Dependent or Independent	All expected Financial Aid	UNSUBSIDIZED LOAN FORMULA
		\$ _____ MAX PELL	COE - AID - SUB AWD
Enrollment Status (Check One)		Expected Family Contribution (EFC)	TOTAL LOAN AMOUNT
<input type="checkbox"/> Full Time	<input type="checkbox"/> At Least 1/2 Time	\$ _____	SUBSIDIZED + UNSUBSIDIZED
Disbursement Date(s)		a. Subsidized \$ _____	WATCH YEARLY LIMITS AND REQUESTED LOAN AMOUNT
1st	2nd		
Wait 30 days Yes No		b. Unsubsidized \$ _____	
		Total Loan \$ _____	