

Federal Direct Loan Request Form
Request to Borrow Less than Maximum Federal Student Loans

Student Last Name: _____ First Name: _____

Student ID: _____ Academic Year: _____

Southside College of Health Sciences

Requested Loan Amount

I do not want to borrow any loans.

Process my loan to cover tuition and fees only (subject to limitations on eligibility based on grade level)

Process subsidized loans only (also select an option from below)

If I am not eligible for subsidized loan funds, I do not authorize the College to award me unsubsidized loan funds. I understand that my loan will not be processed if I am ineligible for a subsidized loan

If I am not eligible for subsidized loan funds, I authorize the College to award the maximum unsubsidized loan I am eligible for instead

Process the first disbursement of my loan(s) then cancel the remaining disbursements for the academic year

Student Signature:

Date: _____