

2019/2020 Federal Direct Unsubsidized Stafford LOAN REQUEST FORM



Name: _____

Mailbox #: _____

INSTRUCTIONS

Complete all of the items below, sign, then submit your form to the Office of Financial Aid.

STOP! If your request is for a Graduate PLUS loan you must complete the Federal Graduate PLUS Loan Adjustment Form.

1. I am requesting the following (check one and provide a dollar amount):

- New loan for \$_____
- Increase my existing loan by a total of \$_____
- Decrease my existing loan by a total of \$_____
- Cancel my loan in full.

2. I want the loan adjustment for the following quarter(s)—check all that apply.

Loan total listed above will be evenly split over the quarters you check.

- Summer
- Fall
- Winter
- Spring

3. Read and acknowledge each of the following statements:

- I understand I must have a completed Master Promissory Note (MPN) on file with the U.S. Department of Education prior to submitting this loan adjustment request. Check MPN status at: studentloans.gov.
- I understand an incomplete loan adjustment request form and/or missing requirements will result in my request being denied. All requirements must be complete prior to submitting a new request form.
- I understand I must complete all requirements and submit my completed form to the Office of Financial Aid by the following due date(s) in order for my request to be processed. *Late requests will not be processed until the following due date listed.*

7/5/2019 *8/2/2019 *9/13/2019* 10/4/2019 *11/1/2019 *1/3/2020 *2/7/2020 *3/6/2020 *4/3/2020* 5/1/2020

CERTIFICATION

I certify that I have requested this Stafford loan adjustment and all of the information is true to my knowledge. I understand it may take up to 7 business days, from the date(s) listed above, for any refund check(s) to be processed. I will use all student loan proceeds for authorized educational expenses only; and will immediately repay any funds that cannot be attributed to educational expenses while attending NUNM.

Signature: _____

Date: _____

PLEASE MANUALLY SIGN THIS FORM. FORMS WITH ELECTRONIC OR TYPED SIGNATURES WILL BE RETURNED.

OFFICE OF FINANCIAL AID USE ONLY

Completed Denied Notes: _____
 EDE A/L ORIG/DRI Sonis DRI/DISb List Initials: _____ Date: _____