

# University of Massachusetts Medical School 2019-2020

## FEDERAL DIRECT STAFFORD LOAN REQUEST/CHANGE FORM

|   |             |                 |
|---|-------------|-----------------|
| Last Name:  | First Name: | Middle Initial: |
| Local Address:  |             |                 |
| City:   | State:      | Zip code:       |
| Date of Birth:  | SSN#:       |                 |
| EMPL ID#  | Phone:      |                 |
| Type of Student (Circle ONE):    GSN            SOM            GSBS |             |                 |

### LOAN AMOUNT REQUESTED (Please make only ONE selection below):

I wish to borrow **LESS than the maximum** amount of Federal Direct Stafford Loan for which I am eligible.

\$ \_\_\_\_\_ \* (specify the NET loan amount you are requesting)

I wish to **borrow the maximum** amount of Federal Direct Stafford Loan for which I am eligible, as determined by the Office of Financial Aid. I understand that the US Department of Education charges a loan origination fee which will **automatically be deducted** from the loan amount requested at the time of disbursement.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

### DISBURSEMENTS:

Federal Stafford loans will be divided in **two equal disbursements for the fall and spring semesters**, unless the applicant requests otherwise. If you would like to request an alternate disbursement schedule, please indicate below:

\$ \_\_\_\_\_ Fall 2019    \$ \_\_\_\_\_ Spring 2020    \$ \_\_\_\_\_ Summer 2020

All requests for an alternate disbursement schedule must be reviewed and approved by the Office of Financial Aid. Applicants will be contacted, in writing, within 5-10 business days with a determination.

**CERTIFICATIONS:** I certify that ALL of the information on this form is complete and accurate to the best of my knowledge. I am aware this is only an application for a loan. I must sign and complete a Master Promissory note at [www.studentloans.gov](http://www.studentloans.gov) and complete online entrance counseling.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

### OFFICE USE ONLY:

POE: \_\_\_\_\_ Current Unsubsidized Stafford Loan: \_\_\_\_\_ Aggregate limits \_\_\_\_\_

Approved Amount of increase: \_\_\_\_\_ MPN expiration date: \_\_\_\_\_ Origination fee: \_\_\_\_\_

Loan Origination date: \_\_\_\_\_ Request Approved by: \_\_\_\_\_