

STUDENT FINANCIAL SERVICES

2020-2021

NEW LOAN REQUEST FORM



Last Name	First Name	Middle	Maiden
MTC ID		Phone Number (include area code)	
Driver's License (Include State and Number)		MTC Assigned Email Address	

Points to Remember:

Federal regulations require Direct Loan recipients to:

- > Be enrolled in a minimum of six hours (required for your program) at the time of disbursement
- > Be admitted to a Certificate or Degree-Seeking Program
- > Have completed the FAFSA and submitted any additional documentation that has been requested
- > Maintain Satisfactory Academic Progress
- > Complete Entrance Counseling Requirements for first-time MTC borrowers at www.studentaid.gov
**If this was completed at a prior institution, you may submit proof annually to our office for clearance.*
- > Complete a Master Promissory Note (MPN) for first-time Direct Loan Borrowers at www.studentaid.gov

In order for your loan to be processed, you must enter a dollar amount below:

Total Loan Amount Requesting: \$ _____

Loan Period (Check all semesters that apply)	Deadline
<input type="checkbox"/> Fall (August – December)	12/1
<input type="checkbox"/> Spring (January – May)	4/15
<input type="checkbox"/> Maymester (May – June) <i>*Only check if you are planning to enroll in Maymester classes</i>	5/15
<input type="checkbox"/> Summer (May – August)	7/1

Please note:

- One semester only loan periods will be disbursed in 2 equal disbursements
- Two semester loan periods will be disbursed in 2 equal disbursements (one disbursement each semester)
- Three semester loan periods will be disbursed in 3 equal disbursements (one disbursement each semester)

- ☐ **If I am not eligible for the total amount in a subsidized loan, I will accept a combination of subsidized and unsubsidized loans to equal the total amount requested.**

Student Signature _____ Date _____

FOR SFS STAFF USE ONLY:

DS: _____ UCW: _____ SUB: _____ SUB: _____ SUB: _____
 GL: _____ SULA: _____ UNSUB: _____ UNSUB: _____ UNSUB: _____
 PROG: _____ TIVCR: _____ NSLDS Total: _____ Year Total: _____ Other Inst. Total: _____
 UNSUB BOX: ☐ Y ☐ N ASLA: _____ ENT: _____ MPN: _____ FAC: _____ Sub Awarded: _____ Unsub Awarded: _____
 Comments: _____ SFS STAFF: _____ DATE: _____