

STUDENT FINANCIAL SERVICES

2021-2022

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> | 5/14 |
| <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: <input type="checkbox"/> Y <input type="checkbox"/> N | ASLA: _____ | ENT: _____ | MPN: _____ | FAC: _____ |
| Sub Awarded: _____ | | | Unsub Awarded: _____ | |
| Comments: _____ | | | SFS STAFF: _____ DATE: _____ | |