



2017-2018 LOAN REJECTION OR REINSTATEMENT FORM

TODAY'S DATE _____ STUDENT ID# _____

LAST NAME _____ FIRST NAME _____
(PLEASE PRINT)

TERM (PLEASE CHOOSE ONE)
Fall _____ Spring _____ Summer _____ All Terms _____

Please carefully consider the amount of loan funds you are choosing to reject or to request.

REJECT _____
(DECLINING A LOAN)

REINSTATE _____
(REISSUE A PREVIOUSLY DECLINED LOAN)

LOAN TYPE(S) (CHOOSE BY PLACING AN X ON THE LINE AND INDICATE DOLLAR AMOUNT)

Federal Direct Loan Subsidized: _____ Amount: \$ _____

Federal Direct Loan Unsubsidized: _____ Amount: \$ _____

Health Professions Loan: _____ Amount: \$ _____

Loan for Disadvantaged Students: _____ Amount: \$ _____

Federal Direct Loan Parent PLUS: _____ Amount: \$ _____
(PARENT SIGNATURE REQUIRED)

Federal Direct Loan Graduate PLUS: _____ Amount: \$ _____

Private/Alternative Loan: Lender Name: _____ Amount: \$ _____

(SIGNATURE)

(PARENT SIGNATURE-PARENT PLUS ONLY)
*The Parent who is the borrower

FOR OFFICE USE ONLY
REVIEWED & COMPLETED BY: _____
(INITIALS)

(DATE)