



## 2018-2019 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:  
(PARENT SIGNATURE REQUIRED) \_\_\_\_\_ Amount: \$ \_\_\_\_\_

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)