



2019-2020 LOAN REJECTION OR REINSTATEMENT FORM

TODAY'S DATE: _____ STUDENT ID#: _____

LAST NAME: _____ FIRST NAME: _____
(PLEASE PRINT)

TERM (PLEASE CHECK ONE) **REJECT** _____ **REINSTATE** _____
(DECLINING A LOAN) (REISSUE A PREVIOUSLY DECLINED LOAN)

_____ 19 Summer ONLY
_____ 19 Fall ONLY
_____ 20 Spring ONLY
_____ All Terms

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

LOAN TYPE(S) (CHOOSE BY PLACING AN X ON THE LINE AND INDICATE DOLLAR AMOUNT)
FOR OFFICE USE ONLY:
LOAN CODE:

Fed. Direct Loan Subsidized: _____ \$ _____

Fed. Direct Loan Unsubsidized: _____ \$ _____

Health Professions Loan: _____ \$ _____

Loan for Disadvantaged Students: _____ \$ _____

Fed. Direct Loan Parent PLUS: _____ \$ _____
(PARENT SIGNATURE REQUIRED)

Fed. Direct Loan Graduate PLUS: _____ \$ _____

Private/Alt. 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)