

**Federal Direct Loan Request Form**  
**Request to Borrow Less than Maximum Federal Student Loans**

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Student ID: \_\_\_\_\_ Academic Year: \_\_\_\_\_

## Southside College of Health Sciences

### Requested Loan Amount

- I do not want to borrow any loans.
- Process my loan to cover tuition and fees only (subject to limitations on eligibility based on grade level)
- Process subsidized loans only (also select an option from below)
  - If I am not eligible for subsidized loan funds, I do not authorize the College to award me unsubsidized loan funds. I understand that my loan will not be processed if I am ineligible for a subsidized loan
  - If I am not eligible for subsidized loan funds, I authorize the College to award the maximum unsubsidized loan I am eligible for instead
- Process the first disbursement of my loan(s) then cancel the remaining disbursements for the academic year

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_