

DIRECT LOAN AMOUNT REQUEST FORM

OFFICE USE ONLY

CR Hours Earned _____

Major _____

CR Hours Enrolled _____

Student Name

XXX-XX-

Student Social Security Number

Permanent STREET Address (Required)

City, State, Zip

Mailing Address (if different)

Home Telephone Number

Cell Phone Number

Expected College Graduation Date

Please indicate the amount you would like to borrow each semester.

Must be taking at least 6 credit hours to be eligible.

Summer 2023 - Amount: \$ _____

Fall 2023 - Amount: \$ _____

Spring 2024- Amount: \$ _____

OFFICE USE ONLY

S _____ U _____ AD _____

S _____ U _____ AD _____

S _____ U _____ AD _____

I understand that to obtain a loan through this process, I must complete and return this form to UVA's College at Wise, Financial Aid Office. I authorize the College to transfer loan proceeds received by Electronic Funds Transfer (EFT) or Master Check to my student account in the Cashier's Office to pay for ALL incurred expenses. Incurred expenses can include but are not limited to tuition, fees, room, board, books, supplies, and other miscellaneous charges.

Student's Signature (This form requires a physical signature. Digital signatures cannot be accepted).

Date

By requesting loans for the Fall semester only, I understand that it is my responsibility to complete another Direct Loan Amount Request Form for the Spring semester, and the Financial Aid Office is not responsible for any balance owed to the school if I do not submit the loan request for the Spring semester, and I cannot obtain a loan if this is not done by the last day of classes. _____

Mail Completed Form to:

UVA Wise Office of Financial Aid
One College Avenue
Wise, VA 24293

Or Fax to Financial Aid Office at 276.376.1095

Financial Aid Office Use Only

EC Receipt: _____ \ _____ \ _____

MPN Receipt: _____ \ _____ \ _____

Processed: _____ \ _____ \ _____