

# 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 2025 - Amount: \$ \_\_\_\_\_

Fall 2025 - Amount: \$ \_\_\_\_\_

Spring 2026- 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

Or Email to [finaid@uvawise.edu](mailto:finaid@uvawise.edu)

## Financial Aid Office Use Only

EC Receipt: \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_

MPN Receipt: \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_

Processed: \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_