UVA WISE | Office of Financial Aid

OFFICE USE ONLY
CR Hours Earned_____
Major _____
CR Hours Enrolled_____
Student ID _____

DIRECT LOAN AMOUNT REQUEST FORM
Academic Year 2026-2027

Student Name	Student Social Security Number (last 4 digits)
	XXX-XX-
Permanent Street Address (Required)	Mailing Address (if different)
City, State, Zip	Expected Graduation Date
Home Telephone Number	Cell Phone Number
_____	_____

Loan Amount Request

Please indicate the total amount you would like to borrow for the full academic year (Fall 2026 - Spring 2027). You must be enrolled at least half-time (6 credit hours) in each applicable term to be eligible.

Academic Year 2026-2027 Total Loan Amount Requested	$ _ _ _ _ _ _ _ _ _ _ _ _

Authorization and Acknowledgment

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, including tuition, fees, room, board, books, supplies, and other miscellaneous charges.

By requesting a Direct Loan for the full academic year, I understand that my approved loan amount will be split between eligible enrollment periods in accordance with federal regulations and institutional policy. I understand my loan may be adjusted if my enrollment status changes.

Student Signature	Date
_____	_____

(This form requires a physical signature. Digital signatures cannot be accepted.)

Submit completed form to:
UVA Wise Office of Financial Aid
One College Avenue
Wise, VA 24293
Fax: 276.376.1095
Email: finaid@uvawise.edu

FINANCIAL AID OFFICE USE ONLY
EC Receipt: ____________
MPN Receipt: ____________
Processed: ____________