



OFFICE USE ONLY	
CR Hours Earned	_____
Major	_____
CR Hours Enrolled	_____
Student ID	_____

# DIRECT LOAN AMOUNT REQUEST FORM

## Summer 2026

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 **Summer 2026** term. You must be enrolled at least half-time (6 credit hours) in each applicable term to be eligible. Please note that summer loan amounts are included in your 2026-2027 academic year loan eligibility and will reduce the funds available for the Fall and Spring semesters.

Summer 2026 Total Loan Amount Requested	\$ _____
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### 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](mailto:finaid@uvawise.edu)

FINANCIAL AID OFFICE USE ONLY	
EC Receipt:	___ \ ___ \ ___
MPN Receipt:	___ \ ___ \ ___
Processed:	___ \ ___ \ ___