



Established in 1851

Scholarship.
Character.
Culture.
Service.

2013-2014 DIRECT LOAN REQUEST FORM

Student Name: _____ Student ID# _____

Email: _____ Home/Cell Phone _____

LOAN REQUESTS

Federal Subsidized Direct Loan:

- Reduce** my previously accepted loan to the following amount \$ _____
- Increase** my loan. Additional amount requested \$ _____
- Reinstate** my previously declined loan for the following amount \$ _____
- Cancel** my loan

Federal Unsubsidized Direct Loan:

- Reduce** my previously accepted loan to the following amount \$ _____
- Increase** my loan. Additional amount requested \$ _____
- Reinstate** my previously declined loan for the following amount \$ _____
- Cancel** my loan

ANNUAL FEDERAL DIRECT STUDENT LOAN LIMITS- (FALL/SPRING/SUMMER)

Student Filing Status	Grade Level	Max Subsidized Amount	Max Unsubsidized Amount	Combination Total
Dependent Undergraduate	Freshman	\$3,500	\$2,000	\$5,500
	Sophomore	\$4,500	\$2,000	\$6,500
	Junior/Senior	\$5,500	\$2,000	\$7,500
Independent Undergraduate & Dependent with a PLUS Loan Denial	Freshman	\$3,500	\$6,000	\$9,500
	Sophomore	\$4,500	\$6,000	\$10,500
	Junior/Senior	\$5,500	\$7,000	\$12,500
Graduate Student		NA	\$20,500	\$20,500

AGGREGATE DIRECT LOAN LIMITS (lifetime eligibility)

Undergraduate Dependent Students: \$31,000- no more than \$23,000 can be subsidized
 Undergraduate Independent Students: \$57,500- no more than \$23,000 can be subsidized
 Graduate Students: \$138,500- no more than \$65,500 can be subsidized (includes undergraduate loans)

By signing this form, I authorize the Catawba College Financial Aid Office to make the changes that I have requested above. I understand this request is for a loan that must be repaid. If I have requested a cancellation of a loan that has already credited my student account, I understand that I am responsible for paying the balance owed to Catawba College if applicable.

STUDENT SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

Loan Period-
 Fall/Spring
 Fall Only
 Spring Only

New Loan Total-
 Subsidized _____
 Unsubsidized _____
 Comments _____

RHACOMM
 Initial _____
 Date _____