



**Alternative Loan Lender Form  
Fall 2016/Spring 2017**

Use this form to request an alternative (private) loan. OFA will certify your loan after receiving this form and the lender will process your funds according to disbursement dates.

**A. Student Information**

\_\_\_\_\_

|           |            |                |        |
|-----------|------------|----------------|--------|
| Last Name | First Name | Middle Initial | UT EID |
|-----------|------------|----------------|--------|

**Application Checklist:**

- I filed my FAFSA and reviewed my OFA-awarded aid package.
- I have talked to a Financial Aid representative about my options.
- I have compared lenders and chosen one to fund my alternative loan.
- I have completed all of the requirements with my lender to receive this loan.

If you do not have an SSN, please use your UT assigned nine-digit number when applying with the lender. Contact OFA if you do not know your UT assigned number.

**B. Lender Information**

Lender Name: \_\_\_\_\_ Loan Program Name: \_\_\_\_\_

Requested Amount: \$ \_\_\_\_\_

Requested amount cannot be more than Cost of Attendance minus any other aid. You can write "Max" and OFA will calculate the amount for you.

**Loan Period:**

- Fall/Spring (8/24/2016-5/16/2017)  
*Requested amount will be divided equally between each semester unless otherwise specified.*
- Fall Only (8/24/2016-12/14/2016)     Spring Only (1/17/2017-5/16/2017)     Maymester

**C. Signature**

By signing this form, I certify I understand the terms and conditions of my loan and that I have the right to cancel it at any time prior to the disbursement of funds. Further, I understand, if I am applying for a loan from the state of Texas, I must be making Satisfactory Academic Progress to receive the funds.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**For School Use Only**

|                                 |           |   |              |                         |                          |
|---------------------------------|-----------|---|--------------|-------------------------|--------------------------|
| HRS: _____/_____                | GL: _____ | HOUSING: _____  | RES: _____   | EXP GD: _____           | 6-DIGIT LNDR CODE: _____ |
| MAJOR: _____                    |           | COA: _____  | - EFA: _____ |                         | = ELIGIBILITY: _____     |
| Certified by: _____             |           | Date: _____   |              | Amount Certified: _____ |                          |
| Not Certified/Date: _____       |           | Reason: <input type="checkbox"/> BARS <input type="checkbox"/> NOT MTG SAP <input type="checkbox"/> NOT DEGREE SEEKING <input type="checkbox"/> LTHT<br><input type="checkbox"/> AWARDED UP TO COA <input type="checkbox"/> NO CERT AVAILABLE |              |                         |                          |
| Dates Student Emailed: 1) _____ |           | 2) _____  | 3) _____     | FINAL _____             |                          |