Alternative Loan Lender Form
Fall 2017/Spring 2018

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

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
<th>UT EID</th>
</tr>
</thead>
</table>

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 (8/30/2017-5/15/2018)
  Requested amount will be divided equally between each semester unless otherwise specified.
- Fall Only (8/30/2017-12/20/2017)  Spring Only (1/16/2018-5/15/2018)  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: _s_ /f_ /s_  GL: ____  HOUSING: ____  RES: ____  EXP GD: ____  6-DIGIT LNDR CODE: ______________________________

COLLEGE/MAJOR: _____COA: ______-ST RES GIFT: _____-TOTAL AWD: _____ = ELIGIBILITY: _______

SUBTRACT SUBSIDIZED AND UNSUBSIDIZED ELIGIBILITY FOR CAL. AMOUNT CERTIFIED: ______________________________

CERTIFIED BY: ______________________________ DATE: ______________________________ NOT CERTIFIED/ DATE: ______________________________

REASON:  □ BARS  □ NOT MTG SAP  □ NOT DEGREE SEEKING  □ LTHT  □ AWARDED UP TO COA  □ NO CERT AVAILABLE

DATES STUDENT EMAILED: 1) _______  2) _______  3) _______  FINAL

□ NEEDS RECORD CREATED