



**Alternative Loan Lender Form
Summer 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
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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: (Note: Report number of hours per semester. A change in what is reported will result in a disbursement delay and amount of eligibility.) _____ Total number of hours per term.

- Whole Summer (6/1/2017-8/14/2017)
- 9 week Only (6/1/2017-8/14/2017)
- Summer Session I Only (6/1/2017-8/14/2017)
- Summer Session II Only (6/1/2017-8/14/2017)

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: <input type="checkbox"/> BARS <input type="checkbox"/> NOT MTG SAP <input type="checkbox"/> NOT DEGREE SEEKING <input type="checkbox"/> LTHT <input type="checkbox"/> AWARDED UP TO COA <input type="checkbox"/> NO CERT AVAILABLE	
DATES STUDENT EMAILED: 1) _____ 2) _____ 3) _____ FINAL _____	