



DIRECT STAFFORD LOAN REQUEST FORM

NAME _____ SSN # _____ ID# _____

Anticipated graduation or transfer date from College of Marin ____/____/____

LOAN PERIOD: Fall 20_____ to Spring 20_____

LOAN TYPE: [] SUBSIDIZED LOAN AMOUNT REQUESTED _____

[] UNSUBSIDIZED LOAN AMOUNT REQUESTED _____

MAILING ADDRESS

DATE OF BIRTH _____

PHONE NUMBER _____

DRIVERS LICENSE # _____

I request the College of Marin process my application for a Direct Stafford Loan. I am requesting a loan for the enrollment period and amount indicated above or a lesser amount for which I am eligible. I understand that the unsubsidized Federal Stafford Loan t is not eligible for an interest subsidy and therefore the interest is not paid by the Federal government. I understand that in order to obtain a loan through this process I must complete a MASTER PROMISSORY NOTE, which contains my promise to repay the loan.

STUDENT SIGNATURE _____ DATE _____

Do not write below this line

School Use Only

UNITS fall _____ spring _____ GRADE LEVEL _____

1ST DISBURSMENT _____ LOAN AMT SUB _____

2ND DISBURSMENT _____ LOAN AMT UNSUB _____

ADVISOR _____ DATE _____

ENTRANCE INTERVIEW COMPLETE _____ MPN COMPLETE _____ SAP STATUS _____