

**Federal Direct Loan Request Form
Request to Borrow Less than Maximum Federal Student Loans**

Student Last Name: _____ First Name: _____

Student ID: _____ Academic Year: _____

St. Mary's Hospital School of Medical Imaging (SOMI)

- I do not want to borrow any loans
- Process my loan to cover tuition and fees only (subject to limitations on eligibility based on grade level)
- Process subsidized loans only (also select an option from below)
 - If I am not eligible for subsidized loan funds, I do not authorize the College to award me unsubsidized loan funds. I understand that my loan will not be processed if I am ineligible for a subsidized loan
 - If I am not eligible for subsidized loan funds, I authorize the College to award the maximum unsubsidized loan I am eligible for instead

Student Signature: _____

Date: _____