



MS I
FEDERAL STUDENT LOAN REQUEST FORM
2018-2019

Name: _____

Social Security Number: _____ Date of Birth: _____

All other forms of financial aid received this school year (except VA Benefits) must be deducted from your class cost of attendance to determine your student loan eligibility. Please list all Scholarships, Grants, Waivers, etc. you will receive and the amounts. Example: PMTC, IHS, Military, etc. Please list "None" if not receiving any:

Note: It is your responsibility to notify the financial aid office of any scholarships or other forms of financial aid you may receive during the school year if not known at this time so your student loan eligibility can be adjusted to maintain compliance with federal regulations.

Requested Loan Amount for 2018-2019

(Check each loan you are requesting and enter the amount of funding for each for the full nine-month school period)

Unsubsidized Loan: _____

Graduate Plus Loan: _____

Total Request: _____

(dollars only – no cents)

Signature

Date

Mail form: OSU Center for Health Sciences, Office of Student Affairs, 1111 West 17th Street, Tulsa, OK 74107 . . . or

Fax form: 918-561-8243 . . . or Scan form (PDF attachment): E-mail: patrick.anderson@okstate.edu

(Office Use Only)

Entrance Counseling completed

EFC _____

SAR Comments: No Yes - Codes _____ - Completed